



## CLINICAL EXAMINATION

Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

INSTRUCTIONS: Mark an X in appropriate box. Describe all abnormal findings in space provided.

### INITIAL EXAMINATION

Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_

#### SOFT TISSUE EVALUATION

| Extraoral        | WNL                      | Abnormal                 | Comments |
|------------------|--------------------------|--------------------------|----------|
| Lips             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Facial Symmetry  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Lymph Nodes      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| TMJ              | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>Intraoral</b> |                          |                          |          |
| Buccal Mucosa    | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Tongue           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Floor of Mouth   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Pharynx          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Palate           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Frenum           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Edentulous Ridge | <input type="checkbox"/> | <input type="checkbox"/> |          |

#### GROWTH, DEVELOPMENT, AND OCCLUSION ANALYSIS

##### Occlusion

Right Side:      CI I       CI II Div 1       CI II Div 2       CI III

Left Side:      CI I       CI II Div 2       CI II Div 2       CI III

Cross Bite       List Teeth \_\_\_\_\_

Midline Off       Comment below

##### Habits

Bruxism/Clenching       Tongue Thrust       Mouth Breathing       Finger Sucking       Pacifier

Over Bite \_\_\_\_\_%      Overjet \_\_\_\_\_mm.      Open Bite \_\_\_\_\_mm.

COMMENTS ON OCCLUSION:

COMMENTS ON GINGIVAL STATUS – Note pocket status (if one pocket is 5 mm. or greater, please use the periodontal chart)

### CLINICAL EXAMINATION UPDATES

Date: \_\_\_\_\_ Examiner: \_\_\_\_\_

|                | WNL                      | Abnormal                 | Changes |
|----------------|--------------------------|--------------------------|---------|
| TMJ            | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Tongue         | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Pharynx        | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Floor of Mouth | <input type="checkbox"/> | <input type="checkbox"/> |         |

Date: \_\_\_\_\_ Examiner: \_\_\_\_\_

|                | WNL                      | Abnormal                 | Changes |
|----------------|--------------------------|--------------------------|---------|
| TMJ            | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Tongue         | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Pharynx        | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Floor of Mouth | <input type="checkbox"/> | <input type="checkbox"/> |         |

Date: \_\_\_\_\_ Examiner: \_\_\_\_\_

|                | WNL                      | Abnormal                 | Changes |
|----------------|--------------------------|--------------------------|---------|
| TMJ            | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Tongue         | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Pharynx        | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Floor of Mouth | <input type="checkbox"/> | <input type="checkbox"/> |         |

Date: \_\_\_\_\_ Examiner: \_\_\_\_\_

|                | WNL                      | Abnormal                 | Changes |
|----------------|--------------------------|--------------------------|---------|
| TMJ            | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Tongue         | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Pharynx        | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Floor of Mouth | <input type="checkbox"/> | <input type="checkbox"/> |         |

## DENTAL CHART

Name: \_\_\_\_\_  
INITIAL EXAM

Date: \_\_\_\_\_  
 Dentist: \_\_\_\_\_

| Tooth Number | Existing Conditions | Problems | Treatment and Date |
|--------------|---------------------|----------|--------------------|
| 1            |                     |          |                    |
| 2            |                     |          |                    |
| 3            |                     |          |                    |
| 4A           |                     |          |                    |
| 5 B          |                     |          |                    |
| 6 C          |                     |          |                    |
| 7 D          |                     |          |                    |
| 8 E          |                     |          |                    |
| 9 F          |                     |          |                    |
| 10 G         |                     |          |                    |
| 11 H         |                     |          |                    |
| 12 I         |                     |          |                    |
| 13 J         |                     |          |                    |
| 14           |                     |          |                    |
| 15           |                     |          |                    |
| 16           |                     |          |                    |
| 17           |                     |          |                    |
| 18           |                     |          |                    |
| 19           |                     |          |                    |
| 20 K         |                     |          |                    |
| 21 L         |                     |          |                    |
| 22 M         |                     |          |                    |
| 23 N         |                     |          |                    |
| 24 O         |                     |          |                    |
| 25 P         |                     |          |                    |
| 26 Q         |                     |          |                    |
| 27 R         |                     |          |                    |
| 28 S         |                     |          |                    |
| 29 T         |                     |          |                    |
| 30           |                     |          |                    |
| 31           |                     |          |                    |
| 32           |                     |          |                    |

| EXISTING CONDITIONS       | PROBLEMS                 |
|---------------------------|--------------------------|
| AM-Amalgam                | NC-New Caries            |
| C-Composite               | RC-Recurrent Caries      |
| S-Sealant                 | PAP-Periapical Pathology |
| SSC-Stainless Steel Crown | NV-Non-vital             |
| U-Unerupted               | IMP-Impacted             |
| X-Missing                 | OC-Open Contact          |
| L-Laminate                | OVC- Overcontour         |
| RCT-Root Canal Therapy    | OV-Overhang Margin       |
| CR-Crown                  | RR-Retained Root         |
| P-Pulpotomy               | MDR-Mesial Drift         |
| TR-Temporary Restoration  | EX-Extrusion             |
| TCR-Temporary Crown       | IN-Intrusion             |
| SM-Space Maintainer       |                          |
| ON-Inlay/Onlay            |                          |
|                           | FRC-Fracture of Crown    |
|                           | FRF-Fracture of Filling  |
|                           | FRR-Fracture of Root     |
|                           | OM-Open Margin           |
|                           | PIMP-Partial Impaction   |
|                           | RS-Root Sensitivity      |
|                           | ERO - Erosion            |

DENTAL CHART - MAINTENANCE EXAMS

Chart#: \_\_\_\_\_  
 MAINTENANCE EXAM

|                |                |                |                |
|----------------|----------------|----------------|----------------|
| Date: _____    | Date: _____    | Date: _____    | Date: _____    |
| Dentist: _____ | Dentist: _____ | Dentist: _____ | Dentist: _____ |
| Date: _____    | Date: _____    | Date: _____    | Date: _____    |
| Dentist: _____ | Dentist: _____ | Dentist: _____ | Dentist: _____ |

| Tooth Number | Problems | Treatment and Date | Tooth Number | Problems | Treatment and Date | Tooth Number | Problems | Treatment and Date | Tooth Number | Problems | Treatment and Date |
|--------------|----------|--------------------|--------------|----------|--------------------|--------------|----------|--------------------|--------------|----------|--------------------|
| 1            |          |                    | 1            |          |                    | 1            |          |                    | 1            |          |                    |
| 2            |          |                    | 2            |          |                    | 2            |          |                    | 2            |          |                    |
| 3            |          |                    | 3            |          |                    | 3            |          |                    | 3            |          |                    |
| 4A           |          |                    | 4A           |          |                    | 4A           |          |                    | 4A           |          |                    |
| 5 B          |          |                    | 5 B          |          |                    | 5 B          |          |                    | 5 B          |          |                    |
| 6 C          |          |                    | 6 C          |          |                    | 6 C          |          |                    | 6 C          |          |                    |
| 7 D          |          |                    | 7 D          |          |                    | 7 D          |          |                    | 7 D          |          |                    |
| 8 E          |          |                    | 8 E          |          |                    | 8 E          |          |                    | 8 E          |          |                    |
| 9 F          |          |                    | 9 F          |          |                    | 9 F          |          |                    | 9 F          |          |                    |
| 10 G         |          |                    | 10 G         |          |                    | 10 G         |          |                    | 10 G         |          |                    |
| 11 H         |          |                    | 11 H         |          |                    | 11 H         |          |                    | 11 H         |          |                    |
| 12 I         |          |                    | 12 I         |          |                    | 12 I         |          |                    | 12 I         |          |                    |
| 13 J         |          |                    | 13 J         |          |                    | 13 J         |          |                    | 13 J         |          |                    |
| 14           |          |                    | 14           |          |                    | 14           |          |                    | 14           |          |                    |
| 15           |          |                    | 15           |          |                    | 15           |          |                    | 15           |          |                    |
| 16           |          |                    | 16           |          |                    | 16           |          |                    | 16           |          |                    |
| 17           |          |                    | 17           |          |                    | 17           |          |                    | 17           |          |                    |
| 18           |          |                    | 18           |          |                    | 18           |          |                    | 18           |          |                    |
| 19           |          |                    | 19           |          |                    | 19           |          |                    | 19           |          |                    |
| 20 K         |          |                    | 20 K         |          |                    | 20 K         |          |                    | 20 K         |          |                    |
| 21 L         |          |                    | 21 L         |          |                    | 21 L         |          |                    | 21 L         |          |                    |
| 22 M         |          |                    | 22 M         |          |                    | 22 M         |          |                    | 22 M         |          |                    |
| 23 N         |          |                    | 23 N         |          |                    | 23 N         |          |                    | 23 N         |          |                    |
| 24 O         |          |                    | 24 O         |          |                    | 24 O         |          |                    | 24 O         |          |                    |
| 25 P         |          |                    | 25 P         |          |                    | 25 P         |          |                    | 25 P         |          |                    |
| 26 Q         |          |                    | 26 Q         |          |                    | 26 Q         |          |                    | 26 Q         |          |                    |
| 27 R         |          |                    | 27 R         |          |                    | 27 R         |          |                    | 27 R         |          |                    |
| 28 S         |          |                    | 28 S         |          |                    | 28 S         |          |                    | 28 S         |          |                    |
| 29 T         |          |                    | 29 T         |          |                    | 29 T         |          |                    | 29 T         |          |                    |
| 30           |          |                    | 30           |          |                    | 30           |          |                    | 30           |          |                    |
| 31           |          |                    | 31           |          |                    | 31           |          |                    | 31           |          |                    |
| 32           |          |                    | 32           |          |                    | 32           |          |                    | 32           |          |                    |

| SURFACES   | TREATMENT   | EXISTING CONDITIONS   | PROBLEMS   |
|--|---|---|--|
| M-Mesial<br>D-Distal<br>O-Occlusal<br>L-Lingual<br>F-Facial<br>I-Incisal | All Existing<br>Condition Codes<br>Except U & X<br><br>EXT-Extraction | AM-Amalgam<br>C-Composite<br>S-Sealant<br>SSC-Stainless Steel Crown<br>U-Unerrupted<br>X-Missing<br>L-Laminate<br>RCT-Root Canal Therapy<br>P-Pulpotomy<br>CR-Crown<br>TR-Temporary Restoration<br>TCR-Temporary Crown<br>SM-Space Maintainer<br>On-Onlay/Inlay | NC-New Caries<br>RC-Recurrent Caries<br>PAP-Periapical Pathology<br>NV-Non-vital<br>IMP-Impacted<br>OC-Open Contact<br>OVC-Overcontour<br>OV-Overhang Margin<br>RR-Retained Root<br>MDR-Mesial Drift<br>EX-Extrusion<br>IN-Intrusion<br>FRC-Fracture of Crown<br>FRF-Fracture of Filling<br>FRR-Fracture of Root |
| DEGREE OF PROBLEM<br>S-Severe<br>W-Watch                                 |   |   | OM-Open Margin<br>PIMP-Partial Impaction<br>RS-Root Sensitivity<br>ERO-Erosion   |
|  |   |   | SURFACES   |
|  |   |   | TREATMENT  |
|  |   |   | M-Mesial<br>D-Distal<br>O-Occlusal<br>L-Lingual<br>F-Facial<br>I-Incisal   |
|  |   |   | DEGREE OF PROBLEM  |
|  |   |   | S-Severe<br>W-Watch  |

# PERIODONTAL CHART

Name: \_\_\_\_\_

Chart#: \_\_\_\_\_

| Date | P-Pockets    |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
|------|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------------------------|
| 5    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           | F<br>A<br>C<br>I<br>A<br>L      |
| 4    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 3    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 2    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 1    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
|      | <b>Tooth</b> | <b>1</b>  | <b>2</b>  | <b>3</b>  | <b>4</b>  | <b>5</b>  | <b>6</b>  | <b>7</b>  | <b>8</b>  | <b>9</b>  | <b>10</b> | <b>11</b> | <b>12</b> | <b>13</b> | <b>14</b> | <b>15</b> | <b>16</b>                       |
| 1    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           | L<br>I<br>N<br>G<br>U<br>A<br>L |
| 2    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 3    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 4    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 5    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 5    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           | L<br>I<br>N<br>G<br>U<br>A<br>L |
| 4    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 3    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 2    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 1    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
|      | <b>Tooth</b> | <b>32</b> | <b>31</b> | <b>30</b> | <b>29</b> | <b>28</b> | <b>27</b> | <b>26</b> | <b>25</b> | <b>24</b> | <b>23</b> | <b>22</b> | <b>21</b> | <b>20</b> | <b>19</b> | <b>18</b> | <b>17</b>                       |
| 1    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           | F<br>A<br>C<br>I<br>A<br>L      |
| 2    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 3    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 4    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |
| 5    | P            |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |                                 |

COMMENTS ON GINGIVA

LEGEND

- Bleeding on Probing
  - R Recession in millimeters
- |   |   |
|---|---|
| <p><b>MOBILITY</b></p> <p>I 1+ mm</p> <p>II 2+ mm</p> <p>III 3+mm</p> | <p><b>FURCATION</b></p> <p>F1 Incipient</p> <p>F2 Troughed</p> <p>F3 Trough and through</p> |
|---|---|







