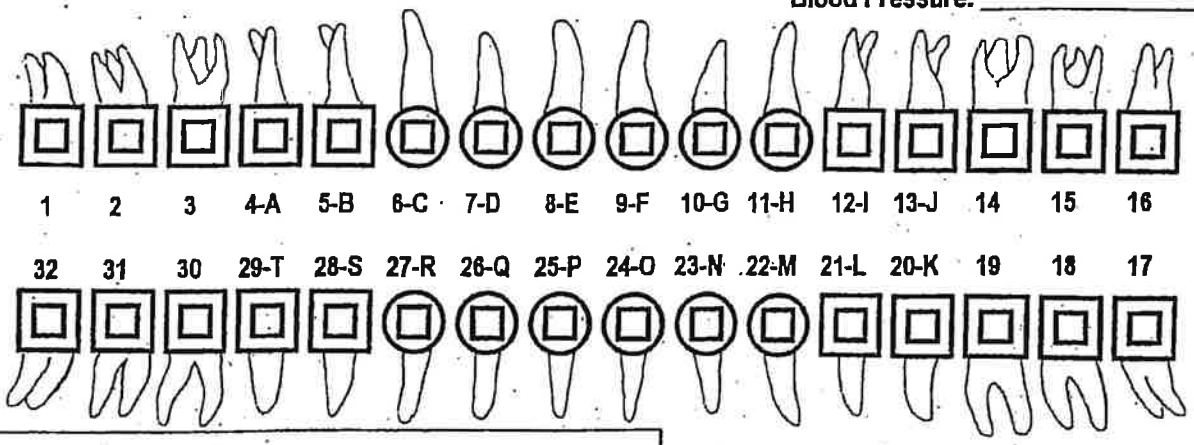
Medical Alert

☐ See Health History

Patient Name: _____ Patient Number: _____

Blood Pressure: _____



Soft Tissue ☐ WNL ☐ See Progress Notes

TMJ ☐ WNL ☐ See Progress Notes

3rd Molars ☐ WNL ☐ Impacted Tooth # ☐ 1 ☐ 16 ☐ 17 ☐ 32

Enamel Defects: Teeth # ____ ____ ____ ____ ____ ____

Orthodontics ☐ I ☐ II Div. I ☐ II Div. II ☐ III

CPITN SCORES

3	8	14
30	24	19

Date: _____

3	8	14
30	24	19

Date: _____

Periodontal Diagnosis: _____

Periodontal Tx Needed: _____

Recall _____ **Months**

Home Care	Excellent	Fair	Poor
Stain	L	M	H
Plaque	L	M	H
Calculus	L	M	H

Prevention Assessment

Water Fluoride _____ ppm

	Yes	No
On School FMR	____	____
Use Fl Toothpaste	____	____

☐ Lives in area with water fluoridation.

☐ Informed about supplements and desires a prescription.

☐ Informed about supplements, but rejected a prescription.

☐ Beyond fluoride supplement age.

☐ Patient is currently taking fluoride supplement.

Recommendations

	Yes	No
APF Topical	____	____
Fluoride Tabs/Drops	____	____
Sealants	____	____
OHI	____	____
BBTD Counseling	____	____
Tobacco Counseling	____	____
Other Education	____	____

REFERRAL

To: Date: Reason:

_____

_____

_____

_____

Treatment Plan

Date	Tooth	Surface	Service Provided

Provider's Signature: **Exam Date:**