PERIODONTAL SCREENING EXAM

PATIENT: ______________________ AGE: ______ DATE: ______________

CLINICIAN: ____

DR. NAME: ______________________ DR. PHONE: ______________

DR. S.S. NO./TAX I.D.: ______________________ DR. LIC. NO.: ______________

To: Hygienist

For:
- ❑ Initial Therapy
- ❑ Charting Documentation
- ❑ R.P. OI. ANES.
- ❑ Patient Brochure

To: Front Office

For:
- ❑ Financial Arrangements
- ❑ Pre-Determination
- ❑ Schedule Appointments
- ❑ Call for Past X-rays

To RDA

- ❑ X-rays FMX PAN PA('s)—BWX
- ❑ Study Models
- ❑ Photo Documentation.

❑ Dr. ______________________ Phone # ______________

Address ____

* One time per year you will receive your comprehensive periodontal charting and exam.

TOOTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
POCKET DEPTH B																
POCKET DEPTH L																
MOBILITY																
BLEEDING	❑ LIGHT ❑ MODERATE ❑ SEVERE								❑ LIGHT ❑ MODERATE ❑ SEVERE							

BLEEDING	❑ LIGHT ❑ MODERATE ❑ SEVERE								❑ LIGHT ❑ MODERATE ❑ SEVERE							
MOBILITY																
POCKET DEPTH L																
POCKET DEPTH B																
TOOTH	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PERIODONTAL DIAGNOSIS: CASE TYPE: ❑ IA ❑ IB ❑ II ❑ III ❑ IV ❑ V
DIAGNOSTIC CODE: 04500 04600 04700 04800 04900

RECOMMENDATIONS: ❑ APPT. WITH HYGIENIST ❑ APPOINTMENT WITH DOCTOR ❑ REFERRAL

ADDITIONAL COMMENTS:

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Sample

Comprehensive Periodontal Exam

* Once a year the patient is due for a complete comprehensive periodontal charting and exam.

1) Pocket Depth (mm)
2) Attachment Loss - (AL)
3) Bleeding-Circle Pocket No.
4) Furcation-Grading No. Inside Triangle 1 △ 2 △ 3 ▲
5) Recession From CEJ-mm From CEJ To Deepest Recession
6) Mobility-By Number At Apex Of Tooth 0.5 To 3.0

KEY: 6 4(5) - Bleeding Upon Probing-Circled

5 — (5 mm recession Fm.CEJ)
— (Furcation involvement of 1)
2 — (Mobility involvement of 2)

Date	Clin																	Date	Clin

B

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

L

Date	Clin																	Date	Clin

Date	Clin																	Date	Clin

L

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

B

Date	Clin																	Date	Clin

sample