

PATIENT NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_ HYG. INITIAL: \_\_\_\_\_

MEDICAL HX UPDATE: \_\_\_\_\_  
CALCULUS: SUB: \_\_\_\_\_ SUPRA: \_\_\_\_\_  
PLAQUE: \_\_\_\_\_ GING: \_\_\_\_\_  
ORAL CANCER SCREEN: \_\_\_\_\_  
PERIO TYPE: GEN \_\_\_\_\_  
LOCAL: \_\_\_\_\_


POCKETS:


INFLAMMATION:


DATE: \_\_\_\_\_ HYG. INITIAL: \_\_\_\_\_

MEDICAL HX UPDATE: \_\_\_\_\_  
CALCULUS: SUB: \_\_\_\_\_ SUPRA: \_\_\_\_\_  
PLAQUE: \_\_\_\_\_ GING: \_\_\_\_\_  
ORAL CANCER SCREEN: \_\_\_\_\_  
PERIO TYPE: GEN \_\_\_\_\_  
LOCAL: \_\_\_\_\_


POCKETS:


INFLAMMATION:


DATE: \_\_\_\_\_ HYG. INITIAL: \_\_\_\_\_

MEDICAL HX UPDATE: \_\_\_\_\_  
CALCULUS: SUB: \_\_\_\_\_ SUPRA: \_\_\_\_\_  
PLAQUE: \_\_\_\_\_ GING: \_\_\_\_\_  
ORAL CANCER SCREEN: \_\_\_\_\_  
PERIO TYPE: GEN \_\_\_\_\_  
LOCAL: \_\_\_\_\_


POCKETS:


INFLAMMATION:


COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINDINGS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TX RENDEDED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEXT VISIT:

R/C	BWX	UR #'s D4381:	UL #'s D4381:
PROBE	FMX	LR #'s D4381:	LL #'s D4381:

RESTORATIVE NEEDS: \_\_\_\_\_

CURRENT HOME CARE:

BRUSHING PERIOGARD PROXY BRUSH LISTERINE FLOSSING  
STIMUDENT WATER PIK PREVIDENT SHADE: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINDINGS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TX RENDEDED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEXT VISIT:

R/C	BWX	UR #'s D4381:	UL #'s D4381:
PROBE	FMX	LR #'s D4381:	LL #'s D4381:

RESTORATIVE NEEDS: \_\_\_\_\_

CURRENT HOME CARE:

BRUSHING PERIOGARD PROXY BRUSH LISTERINE FLOSSING  
STIMUDENT WATER PIK PREVIDENT SHADE: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINDINGS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TX RENDEDED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEXT VISIT:

R/C	BWX	UR #'s D4381:	UL #'s D4381:
PROBE	FMX	LR #'s D4381:	LL #'s D4381:

RESTORATIVE NEEDS: \_\_\_\_\_

CURRENT HOME CARE:

BRUSHING PERIOGARD PROXY BRUSH LISTERINE FLOSSING  
STIMUDENT WATER PIK PREVIDENT SHADE: \_\_\_\_\_