Proudly Sponsored By:	PUSAT PERGIGIAN U 优牙科中心 U DENTAL CENTER Taman U 大学城:607-521 1111 TamanSentosa新山大丰:607-333 3000 Bukit Indah 武吉英达:607-232 4444 Mount Austin 奥士丁: 607-364 3477 U Dental Specialist Clinic 优牙科专科诊所 Klinik Pakar Pergigian U: 607-234 2000 www.gigi.my info@gigi.my	

Dental and Oral Health Checking

Please answer the following questions:

Gum		
☐ Do your gum bleed during brushing?	☐ Yes	☐No
☐ Do you have swollen/red gum?	☐ Yes	☐No
☐ Do your teeth look longer?	☐ Yes	☐No
☐ Do your teeth easily stuck with food?	☐ Yes	☐No
Teeth		
☐ Do you have any missing tooth?	☐ Yes	☐No
☐ Do you have any tooth ache lately?	☐ Yes	☐No
☐ Do you have sensitive teeth?	☐ Yes	☐No
☐ Do you satisfied with your teeth color?	☐ Yes	☐No
☐ Are you confident of your smile?	☐ Yes	☐No
Breath		
☐ Do you think you have bad breath?	☐ Yes	☐No
☐ Are you confident to smile and talk to a person in close range, e.g. in 1-2 feet	☐ Yes	☐No
Smoking and staining		
☐ Do you smoke?	☐ Yes	☐No
☐Are your teeth stain?	☐ Yes	☐No
Pain/Discomfort		
☐Any teeth or gum pain or discomfort?	☐ Yes	☐No

Patient name: Clinic Chop/Sticker:

RN:

DENTAL CHARTING

18 28

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

48 38

Breath Testing *Optional

Reading	BREATH ODOUR LEVEL
☐ 0	No Odour
☐ 1	Slight Odour
☐ 2	Moderate Odour
☐ 3	Heavy Odour
☐ 4	Strong Odour
☐ 5	Intense Odour

Very good Normal Not so good Bad Very bad

For Office Use Only:

Provisional Diagnosis

Soft Tissue	Hard Tissues:		Aligment/ Malocclusion:
☐ Gingivitis	☐ Dental caries	☐ Dental abrasion	☐Protrusion
☐ Periodontitis	☐ Impacted tooth	☐ Deep fissure	☐Crowding
☐ Mobile tooth	☐ Fractured tooth	☐ Dental attrition	☐Spacing
☐ Dental abscess	☐ Discolored tooth	☐ Others:	☐Protrusion
☐ Sinus Tract	☐ Missing tooth		☐Retrusion

Treatment plans/ advice:

☐ Scaling and polishing	☐ Root canal treatment with/without crown
☐ Scaling and stain removal	☐ Gum Recontouring
☐ Fissure sealant	☐ Teeth whitening
☐ Topical Fluoride	☐ Minor oral surgery
☐ Filling	☐ Periapical Xray
☐ Crown/veneer	☐ 3D Xray
☐ Replace missing teeth (Denture, implant, , Bridge)	☐ Braces/Orthodontic evaluation
☐ Braces evaluation (Models &Xray)	☐ Cosmetic and smile evaluation
☐ Extraction	☐ Temporo-mandibular joint (TMJ) evaluation
☐ Wisdom tooth evaluation/removal	☐ Bite/Occlusal analysis
	☐ Sleep apnea analysis

Date:____________ Assistant:_________________________ Examiner/Doctor:________________________

*Patient master copy. Please bring this form if any further treatment is necessary.