

Comprehensive Exam

Exam Date

Prepared By

Responsible Clinician

Please select the dentist responsible for this patient's care from the list

1 or more teeth have an exposed root

- Yes No

How many months has the patient been without primary caries or an incipient carious lesion? Primary caries is the first carious lesion on a tooth surface, not one beneath or at the margin of a restoration.

- 36 or more 24-35
 12-23 1 or more teeth has had caries in the last 12 months

Bacteria culture includes elevated MS and/or LB level?

- Yes No
 No culture or test is available

Please answer the following questions (exclude third molars)

How many erupted teeth are present in the oral cavity?

How many natural teeth have any type of restoration, including crowns and veneers?

How many natural teeth currently require treatment because of caries or a defective restoration?

How many natural teeth have primary caries or an incipient caries lesion?

Check all that apply

Clinical Conditions

- Oral hygiene improvement is needed
- Dry mouth or inadequate saliva flow

Treatment History and Considerations

- Dental care frequency is NOT as regular as advised
- Development problems or special health care needs
- Teeth have been extracted due to caries in last 36 months
- Fluoride varnish applied in last 6 months
- Has orthodontic appliance, space maintainer, or obturator

Questions the patient can answer

- Snacks or beverages containing sugar are consumed between meals 4 or more times per day
- Patient drinks fluoridated water
- Nonprescription or prescription fluoride products other than water are used
- Chlorhexidine used for at least 1 week per month for last 6 months
- Xylitol products have been used 4 times daily for last 6 months
- Calcium & phosphate toothpaste have been used during last 6 months
- Recreational drug/alcohol use
- Has had a major change in health (heart attack, stroke, etc.) during the past 12 months

Has History of oral cancer

- Has History of oral cancer

Cigarette Smoking

- Never Smoked
- Smoke(d)**
 - less than 10 cigs/day
 - 10 or more cigs/day
- Smoke(d)**
 - less than 10 years
 - 10 or more years
- Quit**
 - less than 10 years ago
 - 10 or more years ago

Pipes/Cigars

- Never Smoked
- Smoke(d)**
 - less than 1 cigar or pipes/day
 - 1 or more cigar or pipes/day
- Smoke(d)**
 - less than 10 years
 - 10 or more years
- Quit**
 - less than 10 years ago
 - 10 or more years ago

Smokeless (Chewing) Tobacco

- Never Used
- Use**
 - Occasionally Use
 - Daily Use
- Use**
 - less than 10 years
 - 10 or more years
- Quit**
 - less than 10 years ago
 - 10 or more years ago

Alcohol Use (Average number of drinks consumed in the past year)

Note: 1 drink equals

Beer	12 ounces or 355 milliliters	5% alcohol
Wine	5 ounces or 150 milliliters	12% alcohol
Spirits	1.5 ounces or 45 milliliters	40% alcohol

- None
 Less than 1 drink per day
 1 drink per day
 2 drinks per day
 3 or more drinks per day

Diabetic Status

	Good Control	Fair Control	Poor Control
HbA1c (%)	less than 6.5	6.5 - 7.5	greater than 7.5
AM fasting plasma glucose (mg/dl)	90 - 104	105-130	greater than 130

- Not diabetic or unknown
 Good diabetic control
 Fair diabetic control
 Poor diabetic control

Check all that apply

- Scaling and root planing for any tooth has been done
 Periodontal Surgery for pockets has been done
- Furcation involvements exist
 Subgingival restorations are present
- Vertical bone lesions exist
 Subgingival calculus detected by x-ray or exam

Deepest Pocket Per Sextant from the Gingival Margin to the Base of the Sulcus

Upper Right

Less Than 5 mm
 5-7 mm
 Greater Than 7 mm
 No Teeth

- bleeding

Upper Anterior

Less Than 5 mm
 5-7 mm
 Greater Than 7 mm
 No Teeth

- bleeding

Upper Left

Less Than 5 mm
 5-7 mm
 Greater Than 7 mm
 No Teeth

- bleeding



Lower Right

Less Than 5 mm
 5-7 mm
 Greater Than 7 mm
 No Teeth

- bleeding

Lower Anterior

Less Than 5 mm
 5-7 mm
 Greater Than 7 mm
 No Teeth

- bleeding

Lower Left

Less Than 5 mm
 5-7 mm
 Greater Than 7 mm
 No Teeth

- bleeding

Xray Distance from CEJ to Bone Crest

Measured	Visual
less than 2 mm	Normal bone height
2-4 mm	Between normal and excessive
greater than 4 mm	Excessive bone loss

Upper Right

Less Than 2 mm
2-4 mm
Greater Than 4 mm
No Teeth

Upper Anterior

Less Than 2 mm
2-4 mm
Greater Than 4 mm
No Teeth
No X-Ray

Upper Left

Less Than 2 mm
2-4 mm
Greater Than 4 mm
No Teeth



Lower Right

Less Than 2 mm
2-4 mm
Greater Than 4 mm
No Teeth

Lower Anterior

Less Than 2 mm
2-4 mm
Greater Than 4 mm
No Teeth
No X-Ray

Lower Left

Less Than 2 mm
2-4 mm
Greater Than 4 mm
No Teeth

Report Settings

Treatment Options

Include in report

AAP, Surgical Emphasis

Do you wish to indicate the use of laser therapy?

Model This Patient

Save For Later

Finish