SIDDHARTH SERVICES, INC.

In pursuit of overall well being

Record of Dental Examination

Name: _____ D.O.B. _____

Date of Exam: _____ Cooperation: Yes☐ No☐

Pertinent Medical History

A. Medical Problems:
B. Medications: (attach med list)
C. Allergies:

Pertinent Dental History

Intra Oral Exam Findings:
Soft Tissue Evaluation: A. Acute _____   Chronic _____   B. Attached gingival and frenae: 0 = no inflammation   1 = marginal inflammation   2 = generalized inflammation   3 = gingivitis/early peritonitis   4 = advanced peridontitis

Status of Dentures of Partial Plates

Dentition:
Pertinent Habits: (nail biting, smoking, finger sucking etc…):
Oral Hygiene Evaluation:
Recommendations:
Plan and recommendations, date for next exam:
Dentist Signature: Date:

Siddharth Services, Inc.