FIRST NAME	LAST NAME	AGE

DENTAL HISTORY: **CHIEF COMPLAINT** **SYMPTOMATIC** **ASYMPTOMATIC**

SYMPTOMS	Location	Chronology	Quality	Affected By	Prior Tx			Initials: Dr._____ Asst._____
		Inception	sharp intensity	hot palpation	Tx: restorative	Yes	No	TOOTH
			dull + ++ +++	cold manipulation	emergency	Yes	No	
		Clinical Course:	spontaneous		RCT	Yes	No	R — L
			pulsating provoked	biting head position				
localized referred		constant momentary	steady reproducible	chewing activity	Sx Pre-Tx:	Yes	No	
diffuse radiating		intermittent lingering	enlarging occasional	percussion time of day	Sx Post-Tx:	Yes	No	

MEDICAL HISTORY

Heart Condition angina coronary surgery pacemaker Rheumatic Fever / Murmur Hypertension / Circulatory Immunosuppression	Anemia / Bleeding Diabetes / Kidney Hepatitis / Liver Herpes Thyroid / Hormonal Asthma / Respiratory Ulcers / Digestive Migraine / Headaches	Epilepsy / Fainting Sinusitis / ENT Glaucoma / Visual Mental / Neural Tumor / Neoplasms Alcoholism / Addictions Infectious Diseases Venereal Disease	Allergies: penicillin / antibiotics aspirin / Tylenol codeine / narcotics local anesthetic N_2O/O_2 Latex other:	Major Medical Prob: Females: Pregnant _____ mo Recent Hosp. Operation: Current Medical TX: Medications: Pre-meds:	CONSULTATION: Date: Dr.: Recommendation: Initials: Dr._____ Asst._____	

CLINICAL FINDINGS

EXAMINATION	RADIOGRAPHIC		CLINICAL		DIAGNOSTIC TESTS							
	Tooth	Attachment Apparatus	Tooth	Soft Tissues	Tooth #							
	WNL caries restoration calcification resorption fracture perforation / deviation prior RCTx/RCF separated instrument canal obstruction post / build-up open apex	PDL normal PDL thickened alveolar bone, WNL diffuse lucency circumscribed lucency resorption apical lateral hypercementosis osteosclerosis perio	WNL discoloration caries pulp exposure prior access attrition / abrasion fracture restoration amalgam composite glass ionomer inlay / onlay temporary crown abutment	WNL extra-oral swelling intra-oral swelling sinus tract lymphadenopathy TMJ TMD perio B M — D L	perio mobility percussion palpation cold hot EPT bite / chewing date:							
					bruxism: yes_____ no_____							
					nightguard: yes_____ no_____ Initials: Dr._____ Asst._____							

DIAGNOSIS PULPAL	PERIAPICAL	ETIOLOGY		PROGNOSIS		
				ENDODONTIC	PERIODONTAL	RESTORATIVE
WNL reversible pulpitis irreversible pulpitis necrosis prior RCTx/RCF	WNL acute apical periodontitis acute apical abscess chronic periapical inflammation phoenix abscess osteosclerosis	idiopathic caries restoration attrition / abrasion developmental sinusitis	trauma periodontal orthodontic prior RCTx intentional systemic	favorable questionable poor hopeless	favorable questionable poor hopeless	favorable questionable poor hopeless

PT. CONSULT ___ Examination Findings ___ Periodontal Status ___ Fracture ___ Surgery ___ Prognosis ___ Treatment Plan ___ Restoration ___ Discoloration ___ Recall ___ Consent Form Referral: Initials: Dr._____ Asst._____

TREATMENT			CONS		PRE-TREATMENT				CLEANING / SHAPING									OBTURATION							SURG						Rx							
DATE																																				
mo	day	yr	pt.	Dr.	local	R.D.	rel oc.	O.D.	access	pulpec.	canal	test	final	G.G.B.	s. file	cotton	temp	G.P.	sealer	tech.	post	post space	B-U	temp	I&D	hemisection	bicuspidization	root resect	S. R.	microsurg. retro.	analgesic	Antibiotic	Ca(OH)2	X-Ray	crown lengthening	bleach	retreatment	doctor initial	chairside init.

CANAL	REF	Elec.	X-Ray	Adj.	Final	Size	Rx Date	MEDICATION	DOSE DISP	INSTR.
B F									x	q h
L P									x	q h
MB									x	q h
ML									x	q h
DB									x	q h
DL									x	q h

Student's name and signature: ……. Signature and stamp of the supervisor:

…… ……