

LAST NAME FIRST NAME M / F DOB / /

date practice dentist

MH
 smoker no ex-smoker yes number per day:
 diabetes no type 1 type 2 stable unstable
 allergies no Penicillin other
 bisphosphonates no oral iv details:
 anticoagulants no Warfarin Dabigatran other
 other medical /drugs no yes (list below)

Social History, Dental history, Patient's problem, History of patient's problem

aesthetic demands high average low
 smile line low medium high
 Right TMJ NAD clicking tenderness
 Left TMJ NAD clicking tenderness
 muscles NAD comment:
 lymph nodes NAD comment:
 soft tissues NAD comment:
 incisal relationship 1 2div1 2div2 3
 posterior support adequate lacking absent
 L guidance canine group absent
 R guidance canine group absent
 anterior guidance present absent
 OVD appropriate reduced increase required for restoration
 parafunction signs no yes
 restorative status stable unstable
 hygienist support 3mnthly 6mnthly yearly none
 gingival tone pink,firm mixed red,oedematous
 biotype thin medium thick
 oral hygiene good average poor
 BOP none minimal some copious
 Mobility no yes (list teeth and grade)

DENTAL CONDITION AND OTHER OBSERVATIONS (caries, failing restorations, over eruption etc)

BPE

UR	UA	UL
LR	LA	LL

SITE observations
site

keratinised tissue	sufficient	limited	v.limited
clinical BL ridge width	sufficient	limited	v.limited
restorative width	sufficient	limited	v.limited
restorative height	sufficient	limited	v.limited
opposing teeth	sound	compromised	
frenal pull	NO	YES	
access	adequate	limited	v.limited
labial/buccal defect	absent	present	marked
lingual concavity	absent	present	marked
adjacent teeth restorative	sound	crowns	Rx required
adjacent root angulation	convergent	parallel	divergent
adjacent endodontics	health	disease	poor endo
incisive canal	large	medium	narrow
vital structures	no	yes (details, mental n; IDn; max. sinus)	
available ridge height	<4mm	4-6mm	6-8mm >8mm
radiographic ridge width			

RADIOGRAPHIC REPORT

Radiographs taken	<input type="checkbox"/> PAs	<input type="checkbox"/> OPT	<input type="checkbox"/> CBCT
Indications	<input type="checkbox"/> bone volume	<input type="checkbox"/> dental health	<input type="checkbox"/> vital structures <input type="checkbox"/> periodontal assessment
gross pathology	<input type="checkbox"/> no	<input type="checkbox"/> yes: describe	
periodontal bone levels	<input type="checkbox"/> wnl	<input type="checkbox"/> horizontal bone loss	
apical pathology	<input type="checkbox"/> no	<input type="checkbox"/> yes (list teeth)	
caries	<input type="checkbox"/> no	<input type="checkbox"/> yes (list teeth)	

TREATMENT PLAN

provisional required denture conventional bridge adhesive bridge none

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

CONSENT INFORMATION: Patient informed of;

alternatives:	<input type="checkbox"/> denture	<input type="checkbox"/> bridge/s	<input type="checkbox"/> maryland	<input type="checkbox"/> implant overdenture
GBR:	<input type="checkbox"/> xeno. materials	<input type="checkbox"/> bruising/swelling/pain		
increased failure:	<input type="checkbox"/> smoking	<input type="checkbox"/> diabetes	<input type="checkbox"/> perio.	<input type="checkbox"/> bruxing
aesthetic issues:	<input type="checkbox"/> high smile line	<input type="checkbox"/> black triangles	<input type="checkbox"/> banana teeth	<input type="checkbox"/> flat papillae
	<input type="checkbox"/> asymmetric zeniths	<input type="checkbox"/> limitations of ceramics		

other issues OTHER COMMENTS AND OBSERVATIONS