FIRST NAME		LA	AST N	NAME		DOB	/	/	REF:
date of consult		/ /		ref practice		ref dentist			
МН									
smoker		□no □yes		□ex-smoker number per day		topped:		nui	mber per day
diabetes		□no A1c		☐type 1 when	□type 2 level	•		□unstable betes 6.5+)	
allergies		□no		□Penicillin	□Latex	□other			
bisphosphona anticoagulants		□no □no		□oral □Warfarin	□iv □Dabigatran	details: □Apixab	an	□Asparin	
other medical		□no		□yes (list below	□Dabigatran ')	Б Аріхав	an	<u> Б</u> А зр апп	
hygienist sup Oral hygiene	•	□3mnthly □Manual		□4mnthly □electric	□6mnthly □floss	□yearly □TePe		□none other:	
GDP support		□6monthly	/	□yearly	□irregular	□other:			
SH/CO/HPC									
aesthetic dem	ands	□low		□medium	□high				
smile line		□low		□medium	□high				
Right TMJ		□NAD		□clicking	☐tenderness	history of pain? Tyes TNe			
Left TMJ muscles		□NAD □NAD		comment:	□tenderness	history of pain? □Yes □No		,U	
lymph nodes		□NAD		comment:					
soft tissues		□NAD		comment:					
incisal relationship		□1		□2div1	□2div2	□3(+ve) □3(edge/edge)		□ 3(-ve)	
Overbite		□wnl _		□deep	□traumatic	□open			
L guidance		□canine		□group	□absent				
R guidance posterior support		□canine □adequate		□group □lacking	□absent □absent				
anterior guidance		□present		□absent					
parafunction signs		□no		□TSL	□fractures	□massater enlargement			
biotype		□thin		□medium	□thick	3			
gingival tone		□excellent		□good	□poor	□very poor			
oral hygiene		□good		□average	□poor	□very poor			
BOP		□none _		□minimal	□some	□copious			
BPE		□see reco	ras						
UR	UA	UL							
LR	LA .	LL							
Periodontal b			none	%	TB (0 E 1 0)		70/- 4 /	٦١	
GRADE (worst loss%/age) ☐A (0-0 STAGE (worst site) ☐1 (<15			5%,2mm)	□B (0.5-1.0) □2 (coronal 3rd		⊐C (>1.0 ⊐3 (mid)	,	(apical)	

Grade2

Grade3

Grade1

Mobile teeth (list)

SITE Observations

FIRST NAME		LAST NAME		DOB	/	1	REF:
date of consu	lt						
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	□compromise	d			
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 endo status		□health	□disease	(comment)			
apical pathology		□no	□yes (list teeth	า)			
caries		□no	□yes (list teetl	ገ)			
Site	Height (mm)	Width (mes/dist)	Comments				

FIRST NAME LAST NAME DOB / **REF** date ☐shown standard SF slide presentation with alternatives (bridge, denture, leave gap, implant/s), consequences of leaving gaps / timings and stages of treatment / nature of failure / increased risk of failure in smokers, diabetics, history of Perio, poor OH, heavy bites / need for maintenance, regular hygienist support, stop smoking, high levels of OH □shown SF slide show with alternatives for full arches including combined natural teeth/implants, traditional dentures, implant supported over denture, same day teeth concept. ☐shown model of implant over denture □smoking Risks identified and discussed □occlusion **□**diabetes □aesthetics □perio □other:

□invited questions

□consented to email

OTHER COMMENTS AND OBSERVATIONS (eg aesthetic issues, complicating factors

☐ Given printed estimate

DISCUSSION

□given verbal estimate