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PUSAT PERGIGIAN U
优 牙 科 中 心
U DENTAL CENTER

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Taman Molek 百合: 607- 35 33 222 • **Bukit Indah** 武吉英达: 607-232 4444 • **Mount Austin** 奥士丁: 607-364 3477
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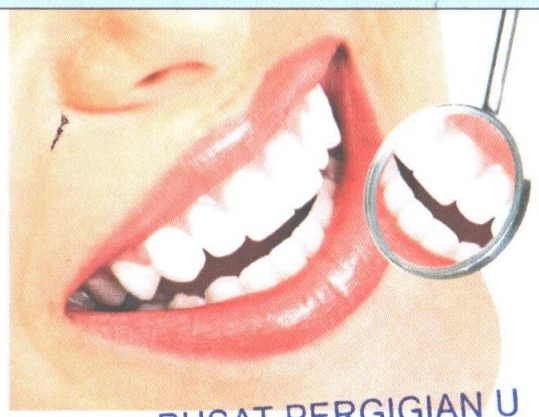
U Dental Specialist Clinic 优牙科专科诊所 **Klinik Pakar Pergigian U** : 607-234 2000
Website: www.gigi.my | **Email**: info@gigi.my

Dental and Oral Health Checking

Please answer the following questions:

Gum	☐ Do your gum bleed during brushing?	☐ Yes ☐ No
	☐ Do you have swollen/red gum?	☐ Yes ☐ No
	☐ Do your teeth look longer?	☐ Yes ☐ No
	☐ Do your teeth easily stuck with food?	☐ Yes ☐ No
Teeth	☐ Do you have any missing tooth?	☐ Yes ☐ No
	☐ Do you have any tooth ache lately?	☐ Yes ☐ No
	☐ Do you have sensitive teeth?	☐ Yes ☐ No
	☐ Do you satisfied with your teeth color?	☐ Yes ☐ No
	☐ Are you confident of your smile?	☐ Yes ☐ No
Breath	☐ Do you think you have bad breath?	☐ Yes ☐ No
	☐ Are you confident to smile and talk to a person in close range, e.g. in 1-2 feet?	☐ Yes ☐ No
Smoking and staining	☐ Do you smoke?	☐ Yes ☐ No
	☐ Are your teeth stain?	☐ Yes ☐ No
Pain / Discomfort	☐ Any teeth or gum pain or discomfort?	☐ Yes ☐ No



Patient name:

Clinic Chop / Sticker:

PUSAT PERGIGIAN U
优牙科中心
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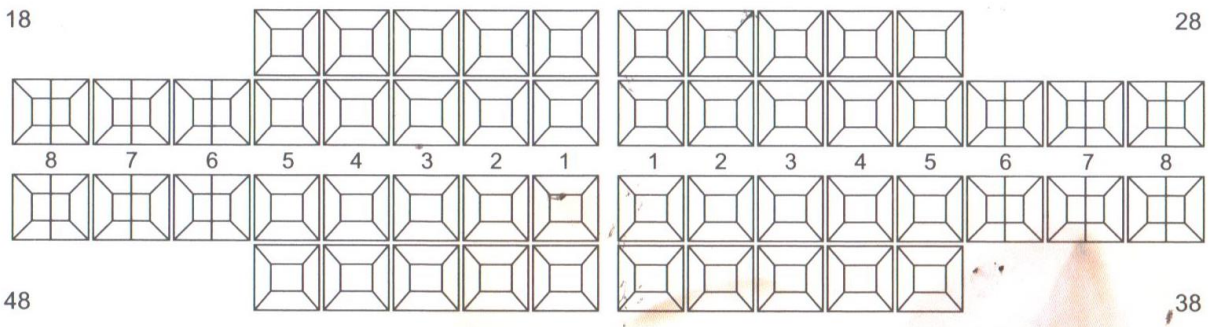
84-01, Jalan Molek 2/2,
Taman Molek, 81100 Johor Bahru.
Tel: 07-35 33 222 SMS: 6 016-6 300 500

RN:

DENTAL CHARTING



Breath Testing *Optional

Reading	BREATH ODOUR LEVEL
☐ 0	☐ No Odour
☐ 1	☐ Slight Odour
☐ 2	☐ Moderate Odour
☐ 3	☐ Heavy Odour
☐ 4	☐ Strong Odour
☐ 5	☐ Intense Odour

Very good | Normal | Not so good | Bad | Very bad

Provisional Diagnosis:

Soft Tissues:
- ☐ Gingivitis
- ☐ Periodontitis
- ☐ Mobile tooth
- ☐ Dental abscess
- ☐ Sinus Tract

Hard Tissues:
- ☐ Dental caries
- ☐ Impacted tooth
- ☐ Fractured tooth
- ☐ Discolored tooth
- ☐ Missing tooth
- ☐ Dental abrasion
- ☐ Deep fissure
- ☐ Dental attrition
- ☐ Others:

Alignment / Malocclusion:
- ☐ Protrusion
- ☐ Crowding
- ☐ Spacing
- ☐ Protrusion
- ☐ Retrusion

Treatment plans / advice:

- ☐ Scaling and polishing
- ☐ Scaling and stain removal
- ☐ Fissure sealant
- ☐ Topical Fluoride
- ☐ Filling
- ☐ Crown / veneer
- ☐ Replace missing teeth (Denture, implant, Bridge)
- ☐ Braces evaluation (Models & Xray)
- ☐ Extraction
- ☐ Wisdom tooth evaluation / removal
- ☐ Saliva pH / Decay risk test : pH=
- ☐ Root canal treatment with / without crown
- ☐ Gum Recontouring
- ☐ Teeth whitening
- ☐ Minor oral surgery
- ☐ Periapical Xray
- ☐ 3D Xray
- ☐ Braces / Orthodontic evaluation
- ☐ Cosmetic and smile evaluation
- ☐ Temporo-mandibular joint (TMJ) evaluation
- ☐ Bite / Occlusal analysis
- ☐ Sleep apnea analysis

Date: _____ Assistant: _____ Examiner / Doctor: _____

*Patient master copy. Please bring this form if any further treatment is necessary.

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