

Department of Education
DIVISION OF ANTIQUE
HEALTH AND NUTRITION SECTION
ORAL HEALTH EXAMINATION RECORD



Name: _____ Age: _____ Gender: _____ School: _____
Date of Birth: _____ Position/Designation: _____ Grade & Section: _____
Marital Status: _____ District: _____ Address: _____ Tel. No.: _____

VACCINATION STATUS:

PRIMARY DOSES:

DOSE:

Vaccine brand: _____

brand: _____

Date of 1st dose: _____

vaccination: _____

Date of 2nd dose: _____

1ST BOOSTER DOSE:

Vaccine brand: _____

Date of vaccination: _____

2ND BOOSTER

Vaccine

Date of

FBS: _____

BP _____

PR _____

Medical History:

___ Hypertension

___ Diabetes

___ Cardio Vascular Disease

___ Epilepsy

___ Bleeding Disorder

___ Asthma

___ Allergies : _____

___ Others: _____

DENTITION STATUS

STATUS												LEFT	
RIGHT		55	54	53	52	51	61	62	63	64	65	LEFT	
TEMPORARY TEETH													
PERMANENT TEETH													
STATUS													
TREATMENT NEEDS													
TEMPORARY TEETH													
RIGHT		85	84	83	82	81	71	72	73	74	75	LEFT	
STATUS													

TEMPORARY TEETH

DATE OF VISITS

Index: d. f. t.

No. T/decayed

No. T/filled

Total d.f.t.

Pre-Schooler	1st	2nd	3rd	4th	5th	6th

PERMANENT TEETH

DATE OF VISITS

Index: D.M.F.T.

No. T/decayed

No. T/Missing

No. T/filled

Total D.M.F.T.

Total Sound Teeth

Pre-Schooler	1st	2nd	3rd	4th	5th	6th

SYMBOLS FOR MOUTH EXAMINATION

X - Carious tooth indicated for extraction
F - Carious tooth indicated for filling
RF - Root fragment
O - Missing tooth

F2 - Permanently filled tooth with recurrence of decay
Heavy Shade - Permanent filling
Outline of filling - Tooth with temporary filling
(✓) Sound/erupted Permanent tooth

Artificial Restoration:

JC - Jacket Crown
AB - Abutment
P - Pontic
I - Inlay
RPD - Removable Partial Denture
FB - Fixed Bridge
CD - Complete Denture

SYMBOLS FOR ACCOMPLISHMENT

P - Prophylaxis
X - Extracted permanent tooth
xt - Extracted temporary tooth
Ag F - Amalgam filling/art
Sy F - Synthetic porcelain filling

CF - Cement filling
ZnO F - Zinc Oxide filling
Corrected - correction of all defects
TF - Treatment of eugenol in cotton
R - Referred to private dentist

TREATMENT RECORD

[illegible]

Periodontal Condition:

☐ Normal☐ Gingivitis☐ Periodontal Disease

Other Abnormal Conditions

Please Specify

DENTAL PROSTHESES

Denture wearer: ☐^Y ☐^N

Please Specify: _____

Need for Denture: ☐ Y ☐ N

Please Specify: _____

Remarks: _____

Remarks: _____

Remarks: _____