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: **1ST BOOSTER DOSE:** **2ND BOOSTER DOSE:**
Vaccine brand: _____ **Vaccine brand:** _____ **Vaccine brand:** _____
Date of 1st dose: _____ **Date of vaccination:** _____ **Date of vaccination:** _____
Date of 2nd dose: _____

FBS: _____
BP _____
PR _____

Medical History:

__ Hypertension
__ Diabetes
__ Cardio Vascular Disease
__ Epilepsy
__ Bleeding Disorder
__ Asthma
__ Allergies : _____
__ Others: _____
_____

DENTITION STATUS

STATUS																
RIGHT	55	54	53	52	51	61	62	63	64	65	LEFT					
TEMPORARY TEETH																
PERMANENT TEETH	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
STATUS																
TREATMENT NEEDS																
TEMPORARY TEETH																
RIGHT	85	84	83	82	81	71	72	73	74	75	LEFT					
STATUS																

TEMPORARY TEETH **DATE OF VISITS**

	Pre-Schooler	1st	2nd	3rd	4th	5th	6th
Index: d. f. t.							
No. T/decayed							
No. T/filled							
Total d.f.t.							

PERMANENT TEETH **DATE OF VISITS**

	Pre-Schooler	1st	2nd	3rd	4th	5th	6th
Index: D.M.F.T.							
No. T/decayed							
No. T/Missing							
No. T/filled							
Total D.M.F.T.							
Total Sound Teeth							

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

DATE	TOOTH NO.	NATURE OF OPERATION	REMARKS	DENTIST

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: ______________________