

Implant + Dentistry
mattheos.net 2020

Patient Examination and Treatment Planning Form

Examination

<p>1. Patient Information</p> <p>Name:</p> <p>Patient Nr.</p> <p>Date of Birth / /</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Date of examination / /</p> <p>Student:</p> <p>Lab Case Nr.</p>
<p>2. Chief Complaint</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>3. Medical History and Conditions</p> <p><input type="checkbox"/> Diabetes Mellitus</p> <p><input type="checkbox"/> Cardiovascular Disease</p> <p><input type="checkbox"/> Immunocompromise</p> <p><input type="checkbox"/> A/B Prophylaxis</p> <p><input type="checkbox"/> Allergies</p> <p><input type="checkbox"/> Other</p> <p>Smoking N <input type="checkbox"/> Y <input type="checkbox"/> Cig/Day</p> <p> <input type="checkbox"/> Past</p> <p>Medications</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

This form aims only to compile information important for the treatment planning of patients with periodontal disease and does not replace the medical records. Please ensure that medical / dental history, systemic conditions and medications is adequately entered in the patients' records.

<p>4. Dental History</p> <p><input type="checkbox"/> Tooth Loss Reason</p> <p><input type="checkbox"/> Periodontal Treatment</p> <p><input type="checkbox"/> TMJ Dysfunction</p> <p><input type="checkbox"/> Parafunctions, Bruxism</p> <p><input type="checkbox"/> Fixed PD</p> <p><input type="checkbox"/> Removable PD</p> <p><input type="checkbox"/> Other</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>5. Periodontal Indices</p> <p>BOP % PI%</p>	<p>.....</p>

Diagnosis

<p>1. Periodontal Diagnosis</p> <p><input type="checkbox"/> Gingivitis <input type="checkbox"/> L <input type="checkbox"/> G</p> <p><input type="checkbox"/> Periodontitis <input type="checkbox"/> L <input type="checkbox"/> G</p> <p><input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p><input type="checkbox"/> Mucogingival Problems</p> <p><input type="checkbox"/> Periodontal / Peri Implant Abscess</p> <p><input type="checkbox"/> Peri-implant Mucositis</p> <p><input type="checkbox"/> Peri-implantitis</p> <p>Other</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>modified by:</p> <p><input type="checkbox"/> Systemic Disease</p> <p><input type="checkbox"/> Furcation involvement</p> <p><input type="checkbox"/> Smoking</p> <p><input type="checkbox"/> Diabetes Mellitus</p>	<p>2. Non- Periodontal diagnosis</p> <p><input type="checkbox"/> Caries</p> <p><input type="checkbox"/> Periapical Pathology</p> <p><input type="checkbox"/> Non vital teeth (untreated)</p> <p><input type="checkbox"/> Defective restorations</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Abscess</p> <p><input type="checkbox"/> TMJ Pathology</p> <p><input type="checkbox"/> Orthodontic problems</p> <p>Other</p> <p>.....</p> <p><input type="checkbox"/> Oral Soft tissues conditions</p> <p>.....</p> <p>.....</p> <p>3. Other relevant information</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Prognosis

At patient level (**Good, Doubtful**)

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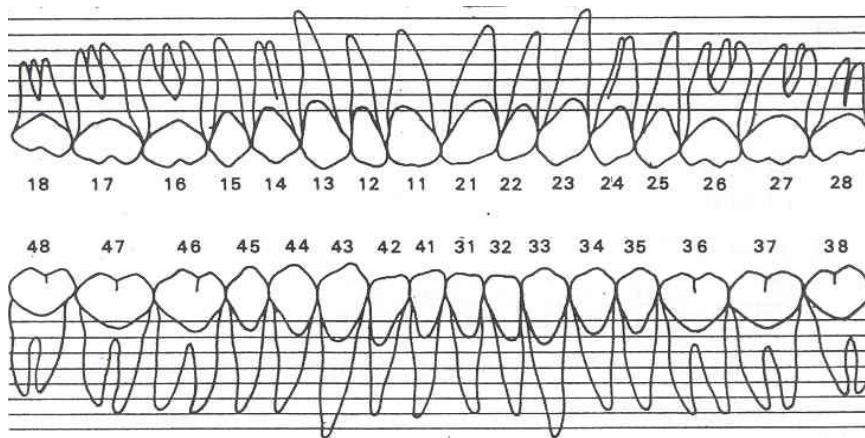
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At tooth level (**Secure, Doubtful, Irrational to treat**)



Please also mark in the chart:

- Caries
- Defective restorations, -
- Iatrogenic / retention

Other remarks:

Treatment Plan

<p>1. Systemic Phase</p> <p><input type="checkbox"/> Consultation with Physician/ Specialist</p> <p><input type="checkbox"/> Change of medication</p> <p><input type="checkbox"/> Smoking cessation</p> <p><input type="checkbox"/> Further examinations</p> <p><input type="checkbox"/> Other</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>2. Hygienic Phase</p> <p><input type="checkbox"/> Oral Hygiene instruction</p> <p><input type="checkbox"/> Oral Hygiene control</p> <p><input type="checkbox"/> Iatrogenic factors removal</p> <p><input type="checkbox"/> Supragingival Calculus removal</p> <p><input type="checkbox"/> Scaling and root planning</p> <p><input type="checkbox"/> Splinting of mobile teeth</p> <p><input type="checkbox"/> Endodontic Treatment</p> <p><input type="checkbox"/> Caries excavation / restorations</p> <p><input type="checkbox"/> Extractions</p> <p><input type="checkbox"/> Other</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Hyg. Phase completed</p>	<p>Date</p> <p>Sig</p>
<p>3. Corrective Phase</p> <p><input type="checkbox"/> Access Surgery</p> <p><input type="checkbox"/> Receptive Surgery</p> <p><input type="checkbox"/> Mucogingival Surgery</p> <p><input type="checkbox"/> Regenerative Surgery</p> <p><input type="checkbox"/> Root Amputation Surgery</p> <p><input type="checkbox"/> Implant Surgery</p> <p><input type="checkbox"/> Bone augmentation (Xenograft)</p> <p><input type="checkbox"/> Sinous augmentation</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>4. Restorative Phase</p> <p><input type="checkbox"/> Fixed DP on teeth</p> <p><input type="checkbox"/> Removable PD on teeth</p> <p><input type="checkbox"/> Fixed DP on Implants</p> <p><input type="checkbox"/> Removable DP on Implants</p> <p><input type="checkbox"/> Full Denture</p> <p><input type="checkbox"/> Michigan Splint</p> <p><input type="checkbox"/> Tooth implant FDP</p> <p><input type="checkbox"/> Other</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

5. Supportive Periodontal / Peri-implant Treatment - Recall
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Possible candidate for:

Simultaneous implant placement and GBR

Sinus floor grafting

Use of short implants due to anatomic conditions (4mm or 6mm)

If yes, please state the site:

Implant supported overdenture

Full arch restoration

Immediate implant placement 12-11-21-22

Immediate implant placement canine/premolars

Peri-implantitis treatment

Other research related:

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Approved by:

Date Name Signature

Other Considerations:

Diagnostic / systemic / patient centred
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Periodontal

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Restorative

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Prosthetic - Occlusion

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