



HD.FR.33 | YT:22.09.2014 | REV.NO:01 | REV.T: 24.06.2022 | S.NO: 1/1

The Patient

Name Surname:
Age:
Job:
Education Level:

Date:
Telephone Number:
Examining physician

Systemic History / Drugs Used:

Dental History:

Main complaint:
Frequency of Visits to the Dentist:
The Most Recent Dentist Visit and the Reason:
Operations, Causes of Tooth Extraxtion, Restorative Procedures, Periodontal Treatment

Extra Oral Examination:

Head Neck Area, Lymph Nods, TMJ, Sinus

Muscle Examination: M.Temporalis, M. Massetericus, M.Buccinatorius, M.Pyterigoideus lat.

Intra Oral Examination:

Oral mucosa, Tongue, Oropharyngeal Area, Buccal Mucosa, Floor of Mouth, Hard-Soft Palate

Dental Examination:

UPPER JAW	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Dental restorations																
Abrasion, Attrition, Erosion																
Sensitivity to Percussion																
Hot-Cold Sensitivity																
Pathological Migration																
LOWER JAW	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Dental restorations																
Abrasion, Attrition, Erosion																
Sensitivity to Percussion																
Hot-Cold Sensitivity																
Pathological Migration																

Proximal and Occlusal Relationship:

Etiological factor:

Periodontal Diagnosis:

Treatment Plan:

.....Anamnesis
.....Impression
.....Alignment-Delivery
.....Control

I was examined by Dton .../.../...../. The information I have provided about my general health condition and dental complaints is correct. The treatment process was explained by my doctor. I accept the recommended treatment with its possible complications.

NAME/SURNAME

SIGNATURE

PATIENT'S GUARDIAN

SIGNATURE

RESPONSIBLE DT.

SIGNATURE