Adult Dental Chart

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PATIENT NAME		BIRTH DATE	SOCIAL SECURITY NUMBER
EXAMINATION DATE	TREATMENT PLAN DATE	ACCEPTED DATE	INITIAL MEDICAL HISTORY DATE
MEDICAL HISTORY UPDATES		CURRENT MEDICATIONS	
ALERT			

Soft Tissue/Oral Cancer Diagnosis:

Oral Hygiene Analysis:

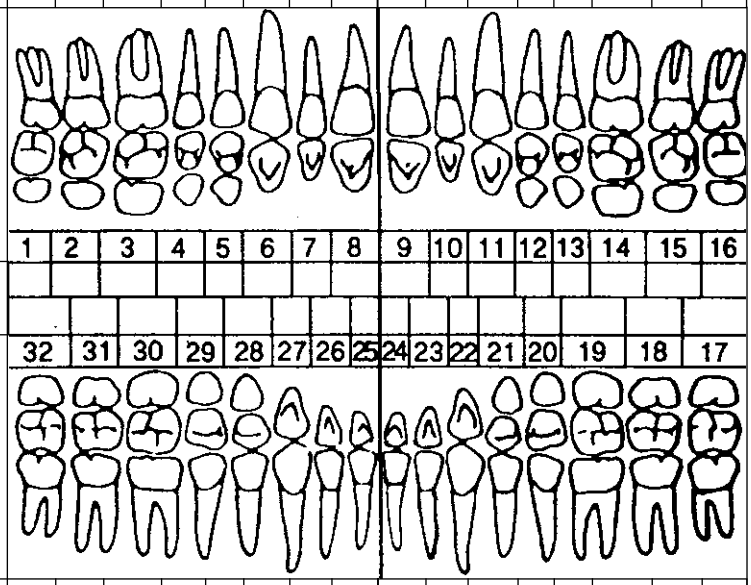
Patient Involvement:

Periodontal Diagnosis: (Type I, II, III, IV)
(See perio evaluation chart)

Probe Dates:

Occlusal/TMJ Findings:

Mobility																
Periodontal Pockets																



Periodontal Pockets																
Mobility																

Patient's Comments (Chief Complaint):

DATE	TREATMENT	DOCTOR	NEXT VISIT	CHARGE	PAYMENT	BALANCE

PATIENT COMMENTS:

DATE	TREATMENT	DOCTOR	NEXT VISIT	CHARGE	PAYMENT	BALANCE

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