

Pediatric Dental Chart



PATIENT: _____ DATE: _____

OROFACIAL

HEAD, NECK, FACIAL PROFILE _____

NOSE, EYES, EARS _____

LIPS, TONGUE, ORAL MUCOSA _____

HARD & SOFT PALATE _____

FLOOR OF MOUTH, FRENULA _____

TONSILS & OROPHARYNX

SALIVARY GLANDS, ORIFICES, SALIVA_____

SPEECH

GENERAL ASSESSMENT _____

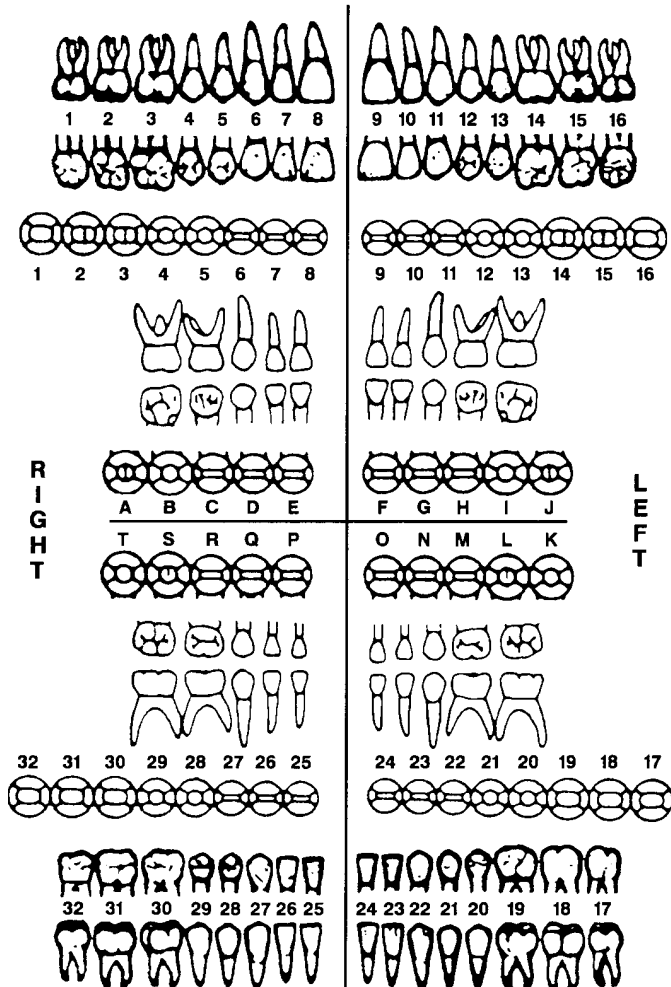
GINGIVA - normal marginal severe gingivitis periodontitis

ORAL HYGIENE - good fair poor STAIN_____

ORAL DEBRIS - none light moderate heavy CALCULUS_____

OCCLUSION _____

DIAGNOSIS

[illegible]

NAME: _____

[illegible]

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