

Comprehensive Exam For				
Comprehensive Exam Date//				
Prepared By				
1 or more teeth have an exposed root?				
o Yes	o No			
How many months has the patient been witho lesion? Primary caries is the first carious lesion margin of a restoration.	out primary caries or an incipient carious n on a tooth surface, not one beneath or at the			
 36 or more 12-23 	 24-35 1 or more teeth has had caries in the last 12 months 			
Bacteria culture includes elevated MS and/or I	B level?			
YesNo culture or test available	□ No			
Please answer the following questions (exclud	e third molars)			
How many erupted teeth are present in the oral cavity? # of teeth				
How many natural teeth have any type of restoration, including crowns and veneers?				
# of teeth				
How many natural teeth currently require treatment because of caries or a defective restoration?				
# of teeth				
How many natural teeth have primary caries or an incipient lesion?				
# of teeth				

Clinical Conditions	Questions the Patient Can Answer
 Oral hygiene improvement is needed Dry mouth or inadequate saliva flow 	 Snacks or beverages containing sugar are consumed between meals 4 or more times per day
Treatment History and Considerations	Patient drinks fluoridated water
Dental care frequency is NOT as regular as advised	 Nonprescription or prescription fluoride other than water are used
Development problems or special care needs	 Chlorhexidine used for at least 1 week per month for last 6 months
 Teeth have been extracted due to caries in last 36 months 	 Xylitol products have been used 4 times daily for last 6 months
Fluoride varnish applied in last 6 months	 Calcium & phosphate toothpaste have been used during last 6 months
 Has orthodontic appliance, space maintainer, or obturator 	Patient currently uses vaping products
	Recreational drug/alcohol use
	Has had a major change in health (heart attack, stroke, etc.) during the past 12

Has History of Oral Cancer

History of Ora	al Cancer			
Completed the HPV (Human Papillomavirus) vaccine series				
o Yes	0 No	 Unknown/Prefe 	er not to answer	
Cigarette Smoking				
\circ less than 10 c	n oke(d) sigs/day	Smoke(d) o less than 10 years	Quit less than 10 years ago 	
 10 or more ci Pipes/Cigars 	gs/day	 10 or more years 	 10 or more years ago 	
Never Smoked Smoked Smoked	-	Smoke(d)	Quit	

months

- less than 1 cigar or pipe/day
- 1 or more cigar or pipes/day
- \circ less than 10 years
 - 10 or more years
- less than 10 years ago
- 10 or more years ago

Smokeless (Chewing) Toba	cco	
Never Used		
Use	Use	Quit
 Occasional use 	 less than 10 	-
 Daily Use 	 10 or more y 	, , ,
·		· · -
Icohol Use (Average num	ber of drinks consumed in the p	ast year)
Note: 1 drink equals		
Beer 12 ounces or 355 mil Wine 5 ounces or 150 milli		
Spirits 1.5 ounces or 45 mill		
o None	 Less than 1 drink per day 	 2 drinks per day
	 1 drink per day 	 3 or more drinks per day
Diabetic Status		
	od Control Fair Control	Poor Control
(-)	ss than 6.5 6.5 - 7.5	Greater than 7.5
l fasting plasma glucose (mg/dl) 90	- 104 105 - 130	Greater than 130
Not diabetic or unknown	Good diabetic control O Fair dia	betic control \bigcirc Poor diabetic control
heck all that apply		
7 • • • • • • •		
□ Scaling and root planing for	any tooth has 🛛 🗋 Periodonta	I surgery for pockets has been done
been done		
Furcation involvements exis		restorations are present
Vertical bone lesions exist	□ Subgingival	calculus detected by x-ray or exam
eepest Pocket per sextan	t from the gingival margin to the	e base of the Sulcus
Ipper Right	Upper Anterior	Upper Left
Less than 5 mm	• Less than 5 mm	O Less than 5 mm
^o 5 - 7 mm	^O 5 - 7 mm	^O 5 - 7 mm
⁹ Greater than 7 mm	O Greater than 7 mm	O Greater than 7 mm
⁹ No Teeth		\circ No Teeth
	O No Teeth	
Bleeding	□ Bleeding	□ Bleeding
ower Right	Lower Anterior	Lower Left
Less than 5 mm	○ Less than 5 mm	O Less than 5 mm
5 - 7 mm	^O 5 - 7 mm	^O 5 - 7 mm
⁹ Greater than 7 mm	^O Greater than 7 mm	O Greater than 7 mm
⁹ No Teeth	O No Teeth	^O No Teeth
	\square Bleeding	\square Bleeding

X-ray distance from CEJ to Bone Crest

Measured Less than 2 mm 2-4 mm Greater than 4 mm Visual Normal bone height Between normal and excessive Excessive bone loss

Upper Right

- Less than 2 mm
- O 2-4 mm
- $^{\rm O}$ Greater than 4 mm
- ^O No Teeth

Lower Right

- Less than 2 mm
- O 2-4 mm
- $^{\rm O}$ Greater than 4 mm
- ^O No Teeth

Upper Anterior

- C Less than 2 mm
 2-4 mm
 C Greater than 4 mm
 No Teeth
- **Lower Anterior**
- Less than 2 mm
 2-4 mm
 Greater than 4 mm
 No Teeth

Upper Left

- O Less than 2 mm
- O 2-4 mm
- O Greater than 4 mm
- $^{\rm O}$ No Teeth

Lower Left

- O Less than 2 mm
- O 2-4 mm
- $^{\rm O}$ Greater than 4 mm
- $^{\rm O}$ No Teeth