ASSOCIATION DES CHIRURGIENS DENTISTES DU QUÉBEC

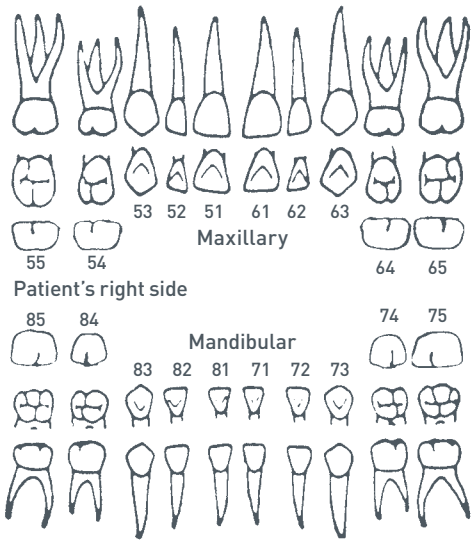
Ordre des dentistes du Québec

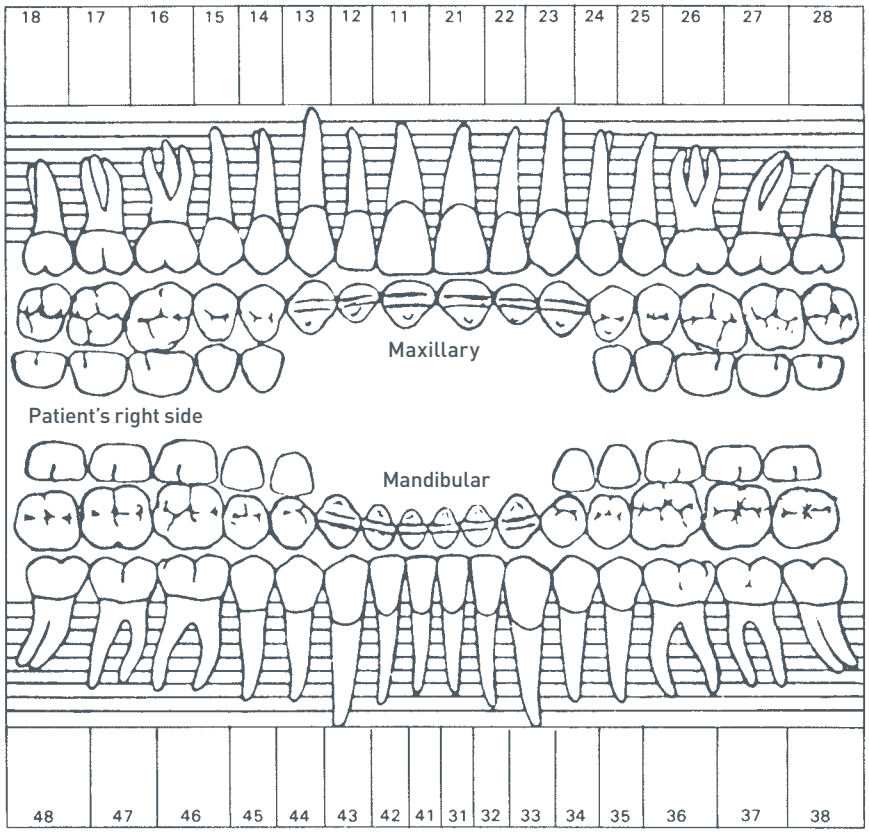
DENTAL FILE

Patient last name _____ Attending dentist last name _____

Patient first name _____ Attending dentist first name _____

Original odontograms





Main complaint _____ Preoperative precautions _____

Case history _____

_____

_____

Clinical examination

N = Normal
A = Abnormal

	N	A
A General Evaluation	☐	☐
B Cervicofacial Examination		
T.M.J.	☐	☐
Salivary glands	☐	☐
Other	☐	☐
C Oral Examination		
Lips	☐	☐
Mucous membrane	☐	☐
Periodontium	☐	☐
Palate	☐	☐
Oro-pharynx	☐	☐
Floor	☐	☐
Vestibule	☐	☐
Tongue	☐	☐
Saliva	☐	☐
Occlusion	☐	☐

	N	A
C Oral Examination (continued)		
Oral hygiene:		
Excellent ☐ Satisfying ☐ Inadequate ☐		
Edentulousness complete ☐ partial ☐ none ☐		
State of ridge	☐	☐
State of denture	☐	☐

D X-ray Examination

Teeth + Bones (see report on original odontogram) _____

_____

E Special Examinations

Vitality test _____

Percussion _____

Sensitivity to cold _____

Sensitivity to heat _____

Other tests or analyses _____

Diagnosis : _____

_____

_____

Proposed Treatment Plan : _____

_____

_____

_____

Alternative Treatment Plan : _____

_____

_____

_____

Prognosis : _____

_____

Examination made on _____ By _____

Y/M/D Signature of attending dentist

Enlightened Consent

I the undersigned agree that the dental treatment be made, such as described, and I acknowledge that the dentist has explained to me the treatment or alternative treatment and potential complications, and that he has answered my questions to my satisfaction.

Date _____ Patient's signature _____

Witness _____

Original odontograms