

# Dental Notes Template

## Chief Complaints

Please detail the History of Presenting Complaint

## Medication/Allergies History

If none, indicate 'fit and healthy with no known drug allergies'

## Past Dental History

Smoking & Drinking status:

Occupation:

Last dental visit:

Oral hygiene regime:

Flossing/ID brushes:

## Extraoral Examination

Indicate any negative findings

## Intraoral Examination

Indicate any negative findings

Dentition:

Gingivae:

Occlusion:

Calculus:

RHS:

LHS:

BPE:

Caries risk:

Rads - R+L BWs taken Q1.

Assess caries and crestal bone levels:

Periodontitis risk:

Oral cancer risk:

## Diagnosis

Please discuss with patient and include treatment options along with pros/cons

Patient Opted for:

Oral hygiene given to patient:

Recall: