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PATIENT NUMBER

PATIENT'S NAME \_\_\_\_\_  
Last
First
Initial
Date of Birth

**PERIODONTAL DIAGNOSIS:** \_\_\_\_\_  
 \_\_\_\_\_

**PERIODONTAL CASE TYPE:** I    II    III    IV    V  
**PERIODONTAL CLASSIFICATION:**  
 IA   IIA   IIIA   IIIA   IVA   VA   VIA   VIIA   VIII A   B   C  
   B    B    B    B    B    B    B    B    B    B    C

**TOOTH CHART SYMBOLS**

PROBING DEPTH: (mm)  
 RECESSION: (mm)  
 NO A.G. (No Gingiva) = ✓  
 MIN. A.G. (Minimum Attached Gingiva) ✓  
 MOBILITY = I (SL) II (MOB) III (ADV)  
 FURCATIONS = X (C I) △ (C II) ▽ (C III)

**CODES**

B = Bleeding  
 S = Suppuration  
 N.U.G.  
 D = Decay  
 DR = Defective Restoration  
 T = Poor Gingival Topography

EXAM TYPE:    Comprehensive     Limited     Screening     Reevaluation     Post-Operative Evaluation

Date/Therapist	Tooth	1	2	3	4	5	6	7	8
	Probing Depth	B	B	B	B	B	B	B	B
	Recession	L	L	L	L	L	L	L	L
	Mobility								
	No A.G.	B	B	B	B	B	B	B	B
	Min. A.G.	L	L	L	L	L	L	L	L
	Furcation	B	B	B	B	B	B	B	B
	Radiographs	M, D							
	Restorations								

Date/Therapist	Tooth	9	10	11	12	13	14	15	16
	Probing Depth	B	B	B	B	B	B	B	B
	Recession	L	L	L	L	L	L	L	L
	Mobility								
	No A.G.	B	B	B	B	B	B	B	B
	Min. A.G.	L	L	L	L	L	L	L	L
	Furcation	B	B	B	B	B	B	B	B
	Radiographs	M	D	M	D	M	D	M	D
	Restorations								

Date/Therapist	Tooth	32	31	30	29	28	27	26	25
	Probing Depth	B	B	B	B	B	B	B	B
	Recession	L	L	L	L	L	L	L	L
	Mobility								
	No A.G.	B	B	B	B	B	B	B	B
	Min. A.G.	L	L	L	L	L	L	L	L
	Furcation	B	B	B	B	B	B	B	B
	Radiographs								
	Restorations								

Date/Therapist	Tooth	24	23	22	21	20	19	18	17
	Probing Depth	B	B	B	B	B	B	B	B
	Recession	L	L	L	L	L	L	L	L
	Mobility								
	No A.G.	B	B	B	B	B	B	B	B
	Min. A.G.	L	L	L	L	L	L	L	L
	Furcation	B	B	B	B	B	B	B	B
	Radiographs	M	D	M	D	M	D	M	D
	Restorations								

Bacterial Plaque Level    S \_\_\_\_\_ M \_\_\_\_\_ E \_\_\_\_\_  
 Calculus    S \_\_\_\_\_ M \_\_\_\_\_ E \_\_\_\_\_  
 Inflammation & Color of Tissue    S \_\_\_\_\_ M \_\_\_\_\_ E \_\_\_\_\_

# PERIODONTAL EXAMINATION