

## PERSONAL DETAILS

## DATE: 24/05/2018

| Name:                       | BHUPESH CHANDE | RA                              | Age/Gender: 22/N    | 1 Booking  | <b>ID:</b> 18052410 | <sup>53</sup> LAB ID: 01180524007      |          |  |  |  |  |  |  |
|-----------------------------|----------------|---------------------------------|---------------------|------------|---------------------|--|----------|--|--|--|--|--|--|
| Chief Complaints:           |                | Routine dental check-up.        |                     |            |                     |  |          |  |  |  |  |  |  |
| History Of Present Illness: |                | No relevant history.            |                     |            |                     |  |          |  |  |  |  |  |  |
| Past Medical History:       |                | No relevan                      | nt history.         | Past Der   | ntal History:       | Underwent uneventful dental treatment. |          |  |  |  |  |  |  |
| Smoke/Smokeless/Alcohol:    |                | No deleter                      | ious habits present | Frequenc   | y/Duration:         |  |          |  |  |  |  |  |  |
| Diet:                       |                | Consumes a non-vegetarian diet. |                     |            |                     |  |          |  |  |  |  |  |  |
| Brushing:                   |                | Toothbrus                       | h + Toothpaste      | Frequency: | Once                | Method:                                | Circular |  |  |  |  |  |  |

## **DENTAL EXAMINATION:**

| EXTRAORAL EXAMINATION: TMJ/LYMPHNODES /LIPS OTHERS No abnormalities detected.   |     |         |       |      |      |     |       |   |  |      |                  |      |     |     |          |                                      |             |   |  |
|---|-----|---------|-------|------|------|-----|-------|---|--|------|------------------|------|-----|-----|----------|--------------------------------------|-------------|---|--|
| Mouth Opening: Optimum Ma   |     |         |       |      |      |     |       | Malo  | dor: Absent  |      |                  |      |     |     |          |                                      |             |   |  |
| INTRAORAL EXAMINATION:  |     |         |       |      |      |     |       |   |  |      |                  |      |     |     |          |                                      |             |   |  |
| I. HARD TISSUE EXAMINATION:   |     |         |       |      |      |     |       |   |  |      |                  |      |     |     |          |                                      |             |   |  |
| RIGHT   |     |         |       |      |      |     |       |   |  | EFT  |                  |      |     |     | STAIN: + |                                      |             |   |  |
| 18  | 17  | 16      | 15    | 14   | 13   | 12  | 11    | 21  | 22   | 23   | 24               | 25   | 26  | 27  | 28       |                                      | CALCULUS: + |   |  |
| 48  | 47  | D<br>46 | 45    | 44   | 43   | 42  | 41    | 31  | 32   | 33   | 34               | 35   | 36  | 37  | 38       |                                      | *D=Deca     | • |  |
| <b>RIGHT</b>  |     |         |       |      |      | 71  | 51    | 54  | 55   |      | EFT              |      |     | 50  |          | *M=Missing Teeth,<br>*F=Filled Teeth |             |   |  |
| DMFT SCORE:     *I= Impacted Teeth  |     |         |       |      |      |     |       |   |  |      |                  |      |     |     |          |                                      |             |   |  |
| <b>D</b> $1$ <b>M</b> $0$ <b>F</b> $0$ <b>DMFT SCORE:</b> $1$   |     |         |       |      |      |     |       |   |  | 1    | TEETH INTACT: 31 |      |     |     |          |                                      |             |   |  |
|   | τ   | 2       | FT T1 | <br> | FXAI |     | TION  | J•  |  |      |                  |      |     |     |          |                                      |             |   |  |
| II. SOFT TISSUE EXAMINATION:  |     |         |       |      |      |     |       |   |  | ]    |                  |      |     |     |          |                                      |             |   |  |
| GINGIVA: NAD TONGUE: NAD BUCCAL/LABIAL MUCOSA: NAD  |     |         |       |      |      |     |       |   |  |      |                  |      |     |     |          |                                      |             |   |  |
| TONSILS: NAD PALATI   |     |         |       |      | E:   | NAD |       |   | R  | ETRO | MOI              | AR A | EA: | NAD |          |                                      |             |   |  |
| CPI INDEX:       0         Code       0 |     |         |       |      |      |     |       |   |  |      |                  |      |     |     |          |                                      |             |   |  |
| ADVI  | SED | INVE    | STIG  | ATIO | NS:  | Not | Appli | cable                                       |  |      |                  |      |     |     |          |                                      |             |   |  |
| CLINICAL TENTATIVE DIAGNOSIS (*Final Diagnosis given only after specified investigations correlations)  |     |         |       |      |      |     |       |   |  |      |                  |      |     |     |          |                                      |             |   |  |
| Class I malocclusion with spacing.  |     |         |       |      |      |     |       |   | the -  |      |                  |      |     |     |          |                                      |             |   |  |
| TREATMENT ADVISED:  |     |         |       |      |      |     |       | DR. TINA <sup>/</sup> BHARDWAJ<br>BDS, MDS. |  |      |                  |      |     |     |          |                                      |             |   |  |
| <ul> <li>Orthodontic Consultation.</li> <li>Scaling.</li> </ul>   |     |         |       |      |      |     |       |   | BDS, MDS.<br>Consultant Dentist,<br>Consultant Oral & Maxillofacial Pathologist.<br>Certified: Oral Cancer Screening,<br>Salivary Diagnostics. |      |                  |      |     |     |          |                                      |             |   |  |