

| A LABORATOR | <u>PERSONAL DETAILS</u> | | | | | | | | | | <u>DATE:</u> 24/05/2018 | | | | |
|--|---|-----------------------------|---------|-------------|------|----------------------|---|-----------------------------|-------|------|--|----------|--------|--|--|
| Name: VIMALKUMAR | | Age/Ge | ender: | 27/M | B | ooking | ID: [| 1805 | 24158 | 8 | LAB ID: | 01180 | 524008 | | |
| Chief Complaints: | Regular | | | | | | | | | | | | | | |
| History Of Present Illness: | No relevant history. | | | | | | | | | | | | | | |
| Past Medical History: | No relevant history. | | | | | Past Dental History: | | | | Unde | Underwent uneventful dental treatment. | | | | |
| Smoke/Smokeless/Alcohol: | No relev | ant histor | у. | Frequency/D | | | | Duration: No relevan | | | | history. | | | |
| Diet: | Consum | Consumes a vegetarian diet. | | | | | | | | | | | | | |
| Brushing: | Toothbri | ush + Too | thpaste | : | Freq | equency: Once | | | | | Method: | Circula | r | | |
| DENTAL EXAMINATION: EXTRAORAL EXAMINATION: TMJ/LYMPHNODES / LIPS OTHERS No abnormalities detected. | | | | | | | | | | | | | | | |
| Mouth Opening: Optimum | | | | | Malo | | | | | | | | | | |
| INTRAORAL EXAMINATION: | | | | | | | | | | | | | | | |
| I. HARD TISSUE | EXAMIN | ATION: | | | | | | | | | | | | | |
| RIGHT | FT | | | | | STAIN: + | | | | | | | | | |
| 18 17 16 15 14 | 17 16 15 14 13 12 11 21 22 23 | | | | | 25 26 27 28 | | | | | CALCULUS: ++ | | | | |
| 48 47 46 45 44 | | | ums | 22 | 24 | 25 | 26 | 27 | 20 |] | *D=Decay | | | | |
| 48 47 46 45 44 RIGHT | 43 42 41 31 32 33 34 35 36 37 38 *M=Missing Teeth, | | | | | | | | | | | | | | |
| DMFT SCORE: *I=Impacted Teeth | | | | | | | | | | | | | | | |
| $\mathbf{D} 0 \mathbf{M} 0 \mathbf{F} 0 \mathbf{DMFT \ SCORE:} 0 \mathbf{TEETH \ INTACT:} 32$ | | | | | | | | | | | | | | | |
| II. SOFT TISSUE EXAMINATION: | | | | | | | | | | | | | | | |
| GINGIVA: Inflamed | TONGUE: | | | D | | BUCCAL/LABIAL | | | | L M | /IUCOSA: NAD | | | | |
| TONSILS: NAD | LS: NAD PALATE: | | | D | | RETROMOLAR ARE | | | | ARE | 'A: [| NAD | | | |
| Code 3: Pathological po | | | | | | | ved after probing. er plaque retentive factors either seen or felt during probing. | | | | | | | | |
| ADVISED INVESTIGATIONS: Not Applicable. | | | | | | | | | | | | | | | |
| CLINICAL TENTATIVE DIAGNOSIS (*Final Diagnosis given only after specified investigations correlations) | | | | | | | | | | | | | | | |
| Chronic localized periodontitis. | | | | | | (ha) | | | | | | | | | |
| TREATMENT ADVISED: | | | | | | | DR. TINA BHARDWAJ BDS, MDS. | | | | | | | | |
| Scaling and Root Planing. | | | | | | | Consultant Dentist, Consultant Oral & Maxillofacial Pathologist. | | | | | | | | |

Certified: Oral Cancer Screening, Salivary Diagnostics.