

|                                    |                             |                    |                   |                             |  |                |             |  |
|------------------------------------|-----------------------------|--------------------|-------------------|-----------------------------|--|----------------|-------------|--|
| <b>Name:</b>                       | ESHU GUPTA                  | <b>Age/Gender:</b> | 25/M              | <b>Booking ID:</b>          | 180524132                              | <b>LAB ID:</b> | 01180524012 |  |
| <b>Chief Complaints:</b>           | Regular dental check-up.    |                    |                   |                             |  |                |             |  |
| <b>History Of Present Illness:</b> | No relevant history.        |                    |                   |                             |  |                |             |  |
| <b>Past Medical History:</b>       | No relevant history.        |                    |                   | <b>Past Dental History:</b> | Underwent uneventful dental treatment. |                |             |  |
| <b>Smoke/Smokeless/Alcohol:</b>    | No relevant history.        |                    |                   | <b>Frequency/Duration:</b>  | No relevant history.                   |                |             |  |
| <b>Diet:</b>                       | Consumes a vegetarian diet. |                    |                   |                             |  |                |             |  |
| <b>Brushing:</b>                   | Toothbrush + Toothpaste     |                    | <b>Frequency:</b> | Once                        | <b>Method:</b>                         | Circular       |             |  |

**DENTAL EXAMINATION:**

**EXTRAORAL EXAMINATION: TMJ / LYMPHNODES / LIPS OTHERS** No abnormalities detected.

**Mouth Opening:** Optimum      **Malodor:** Absent

**INTRAORAL EXAMINATION:**

**I. HARD TISSUE EXAMINATION:**

| RIGHT |    |    |    |    |    |    |    | LEFT |    |    |    |    |    |    |    |
|-------|----|----|----|----|----|----|----|------|----|----|----|----|----|----|----|
| 18    | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21   | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|       |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |
| M     |    |    |    |    |    |    |    |      |    |    |    |    |    |    | M  |
| 48    | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31   | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| RIGHT |    |    |    |    |    |    |    | LEFT |    |    |    |    |    |    |    |

**STAIN:** +

**CALCULUS:** +

\*D= Decayed Teeth,  
 \*M= Missing Teeth,  
 \*F= Filled Teeth  
 \*I= Impacted Teeth

**DMFT SCORE:**

D 0    M 2    F 0      **DMFT SCORE:** 2      **TEETH INTACT:** 30

**II. SOFT TISSUE EXAMINATION:**

**GINGIVA:** Inflamed    **TONGUE:** NAD    **BUCCAL/LABIAL MUCOSA:** NAD

**TONSILS:** NAD    **PALATE:** NAD    **RETROMOLAR AREA:** NAD

**CPI INDEX:**

**Code** 2

Code 0: Healthy Periodontium.  
 Code 1: Bleeding observed after probing.  
 Code 2: Calculus or other plaque retentive factors either seen or felt during probing.  
 Code 3: Pathological pocket 4-5 mm in depth.  
 Code 4: Pathological pocket 6 mm or more in depth.


**ADVISED INVESTIGATIONS:** Not Applicable.

**CLINICAL TENTATIVE DIAGNOSIS** (\*Final Diagnosis given only after specified investigations correlations)

- Chronic generalized gingivitis.

**TREATMENT ADVISED:**

- Scaling and Root Planing.



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 Consultant Oral & Maxillofacial Pathologist.  
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