

## PERSONAL DETAILS

| Name: VINEET AGRAHARI   |                             | Age/Gende                     | er: 2                | 28/M  | <b>Booking ID:</b> 1805241 |                                  |              |  | 126                | LAB ID:         | 01180                                | 524013 |  |
|---|-----------------------------|-------------------------------|----------------------|-------|----------------------------|----------------------------------|--------------|--|--------------------|-----------------|--------------------------------------|--------|--|
| Chief Complaints:   | Routine d                   |                               |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |
| History Of Present Illness:   | No relevant history.        |                               |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |
| Past Medical History:   | No releva                   | nt history.                   | Past Dental History: |       |                            |                                  | Und          | Underwent uneventful dental treatment. |                    |                 |                                      |        |  |
| Smoke/Smokeless/Alcohol:  |                             | Frequency/Duration:           |                      |       |                            | Od                               | Occasionally |  |                    |                 |                                      |        |  |
| Diet:   | Consumes a vegetarian diet. |                               |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |
| Brushing:   | Toothbrus                   | aste                          |                      | Frequ | uency:                     | Once                             |              |  | Method: Horizontal |                 |                                      |        |  |
|   | Toompaste Once Toompaste    |                               |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |
| <b>DENTAL EXAMINATION:</b>  |                             |                               |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |
| EXTRAORAL EXAMINAT  | / LYMPHNO                   | DDES                          | / LIPS               | ОТН   | IERS                       | No abnormalities detected.       |              |  |                    |                 |                                      |        |  |
| Mouth Opening: Optimum  |                             |                               |                      |       | dor:                       | Absent                           |              |  |                    |                 |                                      |        |  |
| INTRAORAL EXAMINATION:  |                             |                               |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |
| I. HARD TISSUE EXAMINATION:   |                             |                               |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |
| RIGHT   |                             |                               |                      |       | LEFT                       |                                  |              |  |                    | STAIN: +        |                                      |        |  |
| 18 17 16 15 14  | 13 12                       | 11 21                         | 22                   | 23    | 24                         | 25                               | 26           | 27 2                                   | 28                 | CALCULUS: +     |                                      |        |  |
|   |                             | ATTRITION D *D=Decayed Teeth, |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |
| 48   47   46   45   44<br>RIGHT   | 43   42   41   31   32   33 |                               |                      |       | 34<br>LE                   | 34   35   36   37   38  <br>LEFT |              |  |                    |                 | *M=Missing Teeth,<br>*F=Filled Teeth |        |  |
| DMFT SCORE:  *I=Impacted Teeth  |                             |                               |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |
| $\mathbf{D} \boxed{3} \mathbf{M} \boxed{0} \mathbf{F}$  | 0 <b>DMFT SCORE</b> : 3     |                               |                      |       |                            |                                  |              |  | TE                 | EETH INTACT: 29 |                                      |        |  |
| II. SOFT TISSUE EXAMINATION:  |                             |                               |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |
| GINGIVA: NAD  | ONGUE:                      | BUCCAL/LABIAI                 |                      |       |                            | AL M                             | MUCOSA: NAD  |  |                    |                 |                                      |        |  |
| TONSILS: NAD  | ALATE:                      | NAD                           |                      |       | RETROMOLAR AI              |                                  |              |  | EA: NAD            |                 |                                      |        |  |
| 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)  |                             |                               |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |
| <ul> <li>Class I caries irt 36.</li> <li>Attrition irt 41, 31.</li> </ul>   |                             |                               |                      |       |                            |                                  |              |  |                    |                 |                                      |        |  |

## TREATMENT ADVISED:

- Composite restorations irt 36.
- Restoration irt 41, 31.
- Scaling.

## DR. TINA BHARDWAJ BDS, MDS.

**DATE:** 24/05/2018

Consultant Dentist,
Consultant Oral & Maxillofacial Pathologist.

Certified: Oral Cancer Screening,
Salivary Diagnostics.