

## PERSONAL DETAILS

Name:	Me. Umesh Yadav	Age/Gender: 41/	М	Booking ID	1809262	LAB ID:						
Chief Complaints:		Routine dental check up.										
History Of Present Illness:		No relevant history.										
Past Medical History:		No relevant history.			Past Denta	l History:	No relevant history.					
Smoke/S	Smokeless/Alcohol:	No deleterious habits.			Frequency/	Duration:	Once daily for 6 years, reduced					
Diet:		Consumes	a mixed diet.									
Brushin	ıg:	Toothbrush	h + Toothpaste	F	Frequency:	Twice	Method:	Circular				

## **DENTAL EXAMINATION:**

EXTRAORAL EXAMINATION: TMJ / LYMPHNODES / LIPS OTH								IERS	ERS No abnormalities detected.										
Mouth Opening:			Opt	Optimum					Malodor:					Absent					
INTR	ORA	L EX	AMIN	ATIC	)N:														
I		HAI	RD TI	SSUE	EXA	MINA	ATIO	N:											
RIGHT									LEFT							5	STAIN: +++		
18				12	11	21	22	23	24	25	26	27	28	CALCULUS: +					
		D											M D						
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38		*D= Decayed Teeth, *M= Missing Teeth,		
RIGHT										FT		*F				*F= Filled Teeth			
D	<u>T SCC</u> 2 <b>I.</b>	М	1 FT TIS	F F		0 MINA	ATIO		T SCO	ORE:		3			7	reet	FH INT.	ACT: 29	
GINGIVA: NAD TONGU						JE: NAD B					BUCCAL/LABIAL MUCOSA:					NAD			
TONSILS: NAD PALAT					<b>`E:</b> NAD					RETROMOLAR AREA:					NAD				
Code 3: Pathological									observe or other ical pock										
ADV	ISED	INVE	STIG	ATIO	NS:														
CLIN	ICAL	L TEN	TATI	VE D	IAGN	OSIS	(*Fir	nal Dia	agnosis	s give	n only	after	specifi	ed inv	vestigat	tions	correlati	ions)	
<ul> <li>Class I caries irt 36, 46.</li> <li>Chronic generalized gingivitis.</li> <li>Missing 26</li> </ul>									traz										
TREATMENT ADVISED:										DR. TINA BHARDWAJ BDS. MDS.									

- Scaling and Root Planing. •
- Brush twice daily. •
- Composite filling irt 36 and 46. Prosthetic replacement irt 26. •
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BD5, N **Consultant Dentist**, Consultant Oral & Maxillofacial Pathologist. Certified: Oral Cancer Screening, Salivary Diagnostics.