

PERSONAL DETAILS

Name: Mr. Anshuman Sir	gh Age/Gender: 32/M	Age/Gender: 32/M Booking ID: 180926245 L								
Chief Complaints:	Pain in the upper right and left teeth since 2 month.									
History Of Present Illness:	Pain on having sweet food. Dull aching pain									
Past Medical History:	No relevant history.	Past Dental History:	No relevant history.							
Smoke/Smokeless/Alcohol:	Cigarettes, Alchol.	Frequency/Duration:	10 Cig/day, Occassional.							
Diet:	Consumes a vegetarian diet.									
Brushing:	Toothbrush + Toothpaste	Frequency: Twice	Method: Circular							

DENTAL EXAMINATION:

EXTRAORAL EXAMINATION: TMJ / LYMPHNODE									ODES	ES / LIPS OTHERS				No abnormalities detected.							
Mouth Opening: Optimum										Malo	odor:	Ab	Absent								
INT	RORA	L EX	AMIN	ATIC	DN:																
	I.	HAI	RD TI	SSUE	EXA	MIN	ATIO	N:													
RIGHT									LEFT					n	n		STAIN: ++				
18	17 D	16 D	15	14	13	12	11	21	22	23	24	25	26 D	27 D	28	-	CALCU				
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38		*D= Decayed Teeth, *M= Missing Teeth,				
			RIG								LE			•			*F= Filled Teeth				
DM	FT SCO	ORE:									_		_								
D	4	$\begin{array}{ c c c c c c c c } \mathbf{M} & 0 & \mathbf{F} & 0 & \mathbf{DMFT \ SCORe:} & 4 & \mathbf{TEETH \ INT} \end{array}$										ETH INT	ACT:	28							
II. SOFT TISSUE EXAMINATION:																					
							NAD			UCCAL/LABIAL MUCOSA: NAD											
TONSILS: NAD PALATE:						RE NAD					ETROMOLAR AREA:					NAD					
CPI INDEX: 1 Code 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.																					
ADV	ISED	INVE	STIG	ATIO	NS:	IOP	A irt 1	6,17 a	and 26	,27 re	gion										
CLI	NICAI	L TEN	TATI	VE D	IAGN	NOSIS	6 (*Fir	nal Dia	agnosi	s give	n only	after	specifi	ed inv	vestig	atio	ns correlati	ions)			
 Suspected Dental Decay irt 16,17 and 26,27. Chronic generalized gingivigits. 									Jun -												
TREATMENT ADVISED:										DR. TINA BHARDWAJ BDS, MDS.											
 Scaling and Root Planing. (Once in 1 ¹/₂ year) Brush twice daily. 									Consultant Dentist, Consultant Oral & Maxillofacial Pathologist.												

- To drink RO Water. (Recommended) •
- Composite filling irt 46. •

Certified: Oral Cancer Screening, Salivary Diagnostics.