

**STUDENT CLINIC RECORD FORM:**

**Student Name:** \_\_\_\_\_

**Patient (#):** \_\_\_\_\_

**Patient Difficulty:** *Please Circle L, M, H*

**Faculty Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty- Initial, date, and grade completed procedures**

**Professionalism:** \_\_\_\_\_

**HHX Complete:** \_\_\_\_\_

**EIOE Complete:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

**HTC Complete:** \_\_\_\_\_

**\*Perio Complete:** \_\_\_\_\_

**Care Plan:** \_\_\_\_\_

**Dental Hygiene Perio Diagnosis**

**Generalized ( ≥ 30%) (AAP) Periodontal Classification:** *Please Circle*

Health Gingivitis Mild Perio Moderate Perio Severe Perio

**Localized (≤ 30%) (AAP) Periodontal Classification:** *Please Circle*

Health Gingivitis Mild Perio Moderate Perio Severe Perio

**Patient Age Category:** *Please Circle*

Adult (19-69) Pediatric (0-9) Adolescent (10-18) Geriatric (≥70) Special Needs

































**Bleeding Index:** \_\_\_\_\_ *Please circle:* **ASA I** **ASA II** **ASA III**

**Radiographs Taken #** \_\_\_\_\_ **Diagnostic #** \_\_\_\_\_ **Faculty** \_\_\_\_\_

\*Includes assessing health behaviors

**Removal Grade:** \_\_\_\_\_ **Inst. Initials** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Removal Grade:** \_\_\_\_\_ **Inst. Initials** \_\_\_\_\_ **Date:** \_\_\_\_\_

1	2	3	4	5	6	7	8	FACIAL	9	10	11	12	13	14	15	16
																
								LINGUAL								
								FACIAL								
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17

**Removal Grade:** \_\_\_\_\_ **Inst. Initials** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Removal Grade:** \_\_\_\_\_ **Inst. Initials** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Removal Grade:** Indicate errors by placing the following letters on the inner (for sub) or the outer (for supra) circle of the diagram of the indicated tooth. *Categories:* **X** = Calculus that is visible Supramarginally (Supra) or readily detectable Submarginally (Sub);

**P** = Plaque; **T** = Trauma; **S** = Stain

**Treatment Complete** **Inst. Initials** \_\_\_\_\_ **Date:** \_\_\_\_\_