PERIODONTAL EVALUATION

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Date	Dentist's Name	
Patient Name	Insurance	
SS# (ID)		
MOBILITY		MOBILITY GRADES
RIGHT MAXILLARY	LEFT	0 NORMAL
	10 11 12 13 14 15 16	+1 FACIAL-LINGUAL-IMM.+ +2 MECIAL-DISTAL-IMM.+ +3 BOTH-1 AND + 2
32 31 30 29 28 27 26 25 24	23 22 21 20 19 18 17	CALCULUS ACCUMULATION
MMMPPOOD D		LIGHT
$\omega_{MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM$		MODERATE
MANDIBULA	R O O O O	HEAVY
MOBILITY		
Fibro	alized Firm, Resilient Hyperplasia	Suppuration Edema Generalized Hemorrhage on probing
RADIOGRAPHIC EXAMINATION		erate ere
OCCLUSION: Stable &Non-O Muscle Tender Fremitus Missing teeth		☐ Food Impaction☐ Malpostioned☐ Jaw Opening Deviation
DIAGNOSIS:	itis 🔲 II Early 🔲 III N	loderate
GNOSIS: Favora	ble Guarded Po	oor Hopeless
ATTENDING DENTIST'S SIGNATURE:		