

# Basic Periodontal Examination and Dentition Care Requirements

Form 8

Surname \_\_\_\_\_

Forename \_\_\_\_\_

Age

Sex

For office use

D D M M Y Y

CHI Number

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Examination Date

Day

Month

Year

## Basic Periodontal Examination

### Code Visible Signs

- 0** No bleeding or pocketing detected
- 1** Bleeding on probing; no pocketing
- 2** Plaque-retentive factors present; no pocketing >3.5 mm

### Code Visible Signs

- 3** Pockets >3.5 mm but <5.5 mm in depth
- 4** Pockets >5.5 mm in depth
- \*** Loss of attachment of 7 mm or presence of furcation involvement

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## Dentition Care Requirements

Prevention	_____
New Restoration	_____
Re-restoration	_____
Extraction	_____
Other	_____

## Notes

Signature of Practitioner \_\_\_\_\_

Date \_\_\_\_\_