

Perio Exam For _____

Perio Exam Date ____/____/____

Prepared By _____

Smoking

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Never smoked | Smoke(d) | Smoke(d) | Quit |
| | <input type="radio"/> Less than 10cigs/day | <input type="radio"/> Less than 10 years | <input type="radio"/> Less than 10 years ago |
| | <input type="radio"/> 10 or more cigs/day | <input type="radio"/> 10 or more years | <input type="radio"/> 10 or more years ago |

Diabetic Status

	Good Control	Fair Control	Poor Control
HbA1c (%)	Less than 6.5	6.5 - 7.5	Greater than 7.5
All fasting plasma glucose (mg/dl)	90 - 104	105 - 130	Greater than 130

- Not diabetic or unknown Good diabetic control Fair diabetic control Poor diabetic control

Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Oral hygiene improvement is needed | <input type="checkbox"/> Dental care frequency is NOT regular as advised |
| <input type="checkbox"/> Scaling and root planing for any tooth has been done | <input type="checkbox"/> Peridontal surgery for pockets has been done |
| <input type="checkbox"/> Furcation involvements exist | <input type="checkbox"/> Subgingival restorations are present |
| <input type="checkbox"/> Vertical bone lesions exist | <input type="checkbox"/> Subgingival calculus detected by x-ray or exam |

Deepest Pocket per sextant from the gingival margin to the base of the Sulcus

Upper Right

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- No Teeth
- Bleeding

Lower Right

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- No Teeth
- Bleeding

Upper Anterior

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- No Teeth
- Bleeding

Lower Anterior

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- No Teeth
- Bleeding

Upper Left

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- No Teeth
- Bleeding

Lower Left

- Less than 5 mm
- 5 - 7 mm
- Greater than 7 mm
- No Teeth
- Bleeding

X-ray distance from CEJ to Bone Crest

Measured	Visual
Less than 2 mm	Normal bone height
2-4 mm	Between normal and excessive
Greater than 4 mm	Excessive bone loss

Upper Right

- Less than 2 mm
- 2-4 mm
- Greater than 4 mm
- No Teeth

Upper Anterior

- Less than 2 mm
- 2-4 mm
- Greater than 4 mm
- No Teeth

Upper Left

- Less than 2 mm
- 2-4 mm
- Greater than 4 mm
- No Teeth

Lower Right

- Less than 2 mm
- 2-4 mm
- Greater than 4 mm
- No Teeth

Lower Anterior

- Less than 2 mm
- 2-4 mm
- Greater than 4 mm
- No Teeth

Lower Left

- Less than 2 mm
- 2-4 mm
- Greater than 4 mm
- No Teeth

Report Settings

Treatment Options

Home Care Report (coming soon)

Clinical Care Plan (coming soon)

Include in Report

AAP, Surgical Emphasis

Do you wish to indicate the use of laser therapy?

Model this Patient

Save for Later

Finish