



Division of General Dentistry, Department of Family and Community Dentistry

Dental student _____ Student Code _____

UG R Visit comprehensive maintenance emergency

Chief complaint: _____

PMH: _____

Vital sign: BP _____ / _____ mmHg , HR _____ bpm

Clinical findings: _____ Radiographic findings: Pa _____ BW _____ OPG

Diagnosis: _____ ICD10 _____

_____ ICD10 _____

Treatment: _____

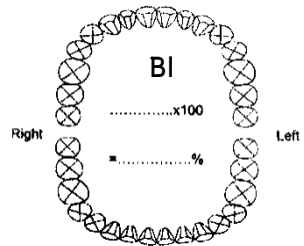
LA: 18% benzocaine(TA) 2% lidocaine w/epi 1:100,000 _____ ml 2% mepivacaine w/epi 1:100,000 _____ ml
 4% articaine w/epi 1:100,000 _____ ml 4% articaine w/epi 1:200,000 _____ ml 3% mepivacaine w/o epi _____ ml

LA technique: IANB buccal / palatal Infiltration other _____

Procedure: _____

16	21	26
46	41	36

PI = _____



OHI : _____

Pt. co-operation: _____

Complications: _____

Suture: type 3-0 silk / vicryl / _____ Technique Interrupted / figure of eight / _____ Amount _____ stitches

IR : 0.2 %CHX NSS _____

Medication: Paracetamol 500mg _____ tabs Brufen 400mg _____ tabs Amoxicillin 500 mg _____ caps
 Clindamycin 150 mg _____ caps S.M.W. / 0.12%CHX / F-MW _____ bt. Gauze / Disposable syringe
 Other _____

Additional comments: _____

Instruction _____ NV _____

Student/Date _____ Instructor/Date _____



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16	21	26
X	X	X
X	X	X
46	41	36

Vital sign: BP _____ / _____ mmHg , HR _____ bpm PI= _____

Clinical findings: _____

Radiographic findings: Pa _____ BW _____ OPG _____

Tooth	EPT	cold	heat	perc	palp	Mo

Diagnosis: _____

ICD10 _____

Treatment: _____

LA: 18% benzocaine(TA) 2% lidocaine w/epi 1:100,000 _____ ml 2% mepivacaine w/epi 1:100,000 _____ ml

4% articaine w/epi 1:100,000 _____ ml 4% articaine w/epi 1:200,000 _____ ml 3% mepivacaine w/o epi _____ ml

LA technique: IANB buccal / palatal Infiltration other _____ Isolation: gauze RD & clamp no _____

Tooth No.		
Cavity preparation and Caries removal	<input type="checkbox"/> Round / Cylindrical diamond	<input type="checkbox"/> Round / Cylindrical diamond
	<input type="checkbox"/> Round steel / carbide bur <input type="checkbox"/> _____ <input type="checkbox"/> completed <input type="checkbox"/> incomplete <input type="checkbox"/> exposed size _____ site _____ Bleeding _____	<input type="checkbox"/> Round steel / carbide bur <input type="checkbox"/> _____ <input type="checkbox"/> completed <input type="checkbox"/> incomplete <input type="checkbox"/> exposed size _____ site _____ Bleeding _____
Base / liner / capping	<input type="checkbox"/> no <input type="checkbox"/> MTA <input type="checkbox"/> Vitrebond <input type="checkbox"/> Biodentine <input type="checkbox"/> Dycal <input type="checkbox"/> _____	<input type="checkbox"/> no <input type="checkbox"/> MTA <input type="checkbox"/> Vitrebond <input type="checkbox"/> Biodentine <input type="checkbox"/> Dycal <input type="checkbox"/> _____
	<input type="checkbox"/> Sectional <input type="checkbox"/> V3 <input type="checkbox"/> Tofflemire <input type="checkbox"/> _____	<input type="checkbox"/> Sectional <input type="checkbox"/> V3 <input type="checkbox"/> Tofflemire <input type="checkbox"/> _____
Etchant	<input type="checkbox"/> 37% phosphoric acid <input type="checkbox"/> _____	<input type="checkbox"/> 37% phosphoric acid <input type="checkbox"/> _____
Adhesive	<input type="checkbox"/> SBMP <input type="checkbox"/> Optibond FL <input type="checkbox"/> Clearfill SE bond <input type="checkbox"/> Single bond adper <input type="checkbox"/> _____	<input type="checkbox"/> SBMP <input type="checkbox"/> Optibond FL <input type="checkbox"/> Clearfill SE bond <input type="checkbox"/> Single bond adper <input type="checkbox"/> _____
	<input type="checkbox"/> Amalgam <input type="checkbox"/> Filtek Z 250 / 350 XT shade _____ <input type="checkbox"/> flowable resin composite shade _____ <input type="checkbox"/> Fuji II LC / IX / VII <input type="checkbox"/> Vitremer <input type="checkbox"/> _____	<input type="checkbox"/> Amalgam <input type="checkbox"/> Filtek Z 250 / 350 XT shade _____ <input type="checkbox"/> flowable resin composite shade _____ <input type="checkbox"/> Fuji II LC / IX / VII <input type="checkbox"/> Vitremer <input type="checkbox"/> _____
Finishing & Polishing	<input type="checkbox"/> Composhape <input type="checkbox"/> Soflex disc <input type="checkbox"/> white stone <input type="checkbox"/> Epitex <input type="checkbox"/> Astropol <input type="checkbox"/> _____	<input type="checkbox"/> Composhape <input type="checkbox"/> Soflex disc <input type="checkbox"/> white stone <input type="checkbox"/> Epitex <input type="checkbox"/> Astropol <input type="checkbox"/> _____

Additional comments: _____

Instruction _____ N/V _____



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Tooth

Vital sign: BP _____ / _____ mmHg , HR _____ bpm

Subjective symptoms

Objective symptoms

VAS score: 0 ← _____ → 10

Pain intensity: None / Mild / Moderate / Severe

E/O: Facial Swelling / Lymphnode / Sinus tract / Other _____

Pain Character: Dull / Sharp / Throbbing

I/O: Swelling (soft/firm) area _____ Sinus tract at _____

Onset: Spontaneous / stimulation required _____

Tooth: Caries/restoration with _____/pulp exposed/pulp polyp

Duration: Second / minutes / Hours / Intermittent / Constant

Fracture at _____/ crown discoloration to _____

Location: Localized / Diffuse / Radiating to _____ / Refer to _____

Opened for Drainage / Temp. restoration / other _____

Tooth	EPT	cold	heat	perc	palp	Mo	Perio Prob (mm)						Special test	
							MB	B	DB	ML	L	DL		

Radiographic findings: Pa _____ BW _____ OPG
 (Crown,Pulp Chamber,Root,Pulp canal,Periradicular,alveolar bone) _____

Diagnosis: _____
 ICD10 _____

Treatment: _____

LA: 18% benzocaine(TA) 2% lidocaine w/epi 1:100,000 _____ ml 2% mepivacaine w/epi 1:100,000 _____ ml
 4% articaine w/epi 1:100,000 _____ ml 4% articaine w/epi 1:200,000 _____ ml 3% mepivacaine w/o epi _____ ml

LA technique: IANB buccal / palatal Infiltration other _____

Isolation: gauze RD and clamp no _____ Disinfection RD with _____

canal	WL	Ref	IAF	MAF

MI : step-back file No _____ crown down file No _____ _____
 hand files file No _____ rotary system _____ file No _____

IR : 2.5 / 5% NaOCl 2% CHX 17% EDTA NSS _____

Main cone : No. _____ %taper _____ Tug back

FRC : Sealer Grossman AHPlus Bioroot _____

Technique Lateral compaction warm GP Single cone _____

Complications: _____ Intracanal Med: Ca(OH)₂ clove oil _____

SDP: _____

Additional comments: _____

Medication: _____

Instruction _____ NV _____

T- 4 PROSTH

TREATMENT RECORD



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16	21	26
X	X	X
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46	41	36

Vital sign: BP _____ / _____ mmHg , HR _____ bpm PI = _____

Clinical findings: _____ Radiographic findings: Pa _____ BW _____ OPG

Diagnosis: _____ ICD10 _____

Treatment: _____

- (preliminary/final/ functional) impression
- (post / tooth) preparation
- VD evaluation
- try in (framework/crown/bridge/occlusal rim/bite block/individual tray/wax trial denture)
- temporary restoration
- temporary/permanent cementation
- bite registration / jaw relation record
- facebow transfer
- delivery _____
- 1 / 2 / 3 adjustment
- _____
- LA: 18% benzocaine(TA)
- 2% lidocaine w/epi 1:100,000 _____ ml
- 2% mepivacaine w/epi 1:100,000 _____ ml
- 4% articaine w/epi 1:100,000 _____ ml
- 4% articaine w/epi 1:200,000 _____ ml
- 3% mepivacaine w/o epi _____ ml

LA technique: IANB buccal / palatal Infiltration other _____

Isolation: gauze RD and clamp no. _____ _____

Cavity prep: Round / Cylindrical diamond stone Tungsten carbide bur Round steel / carbide bur gates glidden drill
 Thin taper Round/Flat end taper peeso reamer _____

Material: Alginate/ Chromopan Tray No. _____ Fiber post No. _____ Polysulfide/Additional silicone/Polyether
 Compound Blue mousse/Alu wax/ZOE /Duralay PMMA/Protemp
 Multicore flow/Multilink N Temp bond / Temp bond NE PCC / ZPC /Rely X U200 / Unicem
 PSI/Fit checker/Disclosing wax Soft liner/rebase II / Self-Cured acrylic _____

IR : _____ Tooth color: system _____ shade _____

Finishing and Polishing: Composhape Soflex disc white/green stone brown/green silicone Epitex Astropol
 Porcelain kits _____

Additional comments: _____

Complications: _____ Lab _____ Date _____
 Instruction _____ N/V _____

Student/Date _____ Instructor/Date _____

