

Operative

Date	Tooth	Treatment	Staff Signature

Crown & bridge

Date	Step of work	Degree	Sig. & date
	Tooth preparation F. L. type:		
	Impression:		
	Metal check:		
	Cementation:		

Last visit:

Crown type	Tooth no.	Total degree	Sig.
Bridge type	Tooth no.	Total degree	Sig.

Al-Safwa University College
Department of Dentistry
Conservative Dentistry Branch

Pt. Name:..... Occupation:.....
Age:..... Address:..... Tel. No.:.....

History

Chief Complaint:.....

History of Complaint:

Past Dental History:.....

Medical History:.....

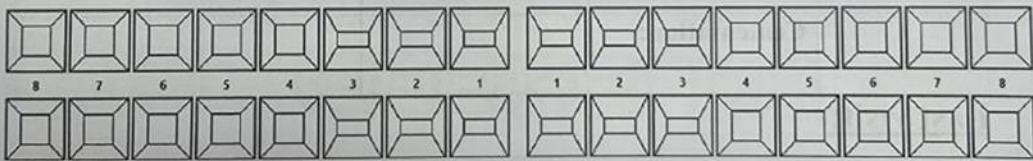
Examination

O. Hygiene:..... Periodontal Condition:.....

Non Vital Teeth: _____

Missing Teeth: _____ Crown & Bridge: _____

Decay Chart:



Treatment Plane:.....

Student Name:..... Date:.....

Senior Signature:.....

Endodontics

Date	Steps Of Work	Degree	Signature & Date
	Diagnosis:		
	Access Opening:		
	W. L. Determination D. X.: True W. L.:		
	Instrumentation: MAF: Flaring Tech. To:		
	Obturation: MAC: W.L.:		
The Last Visit:			
Finished Case		Unfinished	
Tooth No.	No. of Canals	Total Degree	Signature