



College of dent

Maxilla-facial surgery

Patient name:

Date:

Age:

Sex:

Evaluation of the patient

- C/c. a. pain
- b. swelling
- c. others

P.D.H:

M.H. General Health:

Hospitalization	Yes <input type="checkbox"/>	No <input type="checkbox"/>	why:
Heart disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	kidney Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/>
Psychology	Yes <input type="checkbox"/>	No <input type="checkbox"/>	C.V.A. Yes <input type="checkbox"/> No <input type="checkbox"/>
Liver disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	respiratory dis. Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Others:

Clinical examination

E/O

I/O

Tooth to be extracted:

Investigation:

Diagnosis:

Student name: Group: Date:

Treatment

Date	Student Name	Treatment	Staff Signature

