

**Al safwa University College**

**Department of Dentistry**

**Periodontics**

**4<sup>th</sup> class case sheet**

**Student's name** -----

**Group** -----

Patient's Name: ----- Date :        /        /202

Patient's age: ----- Patient's gender: ----- Phone number: -----

Educational achievement: Primary school/ Secondary school/ College or higher

education.    Occupation-----    Patient's signature-----

**History**

**Chief complaint**

|                          |                   |                            |
|--------------------------|-------------------|----------------------------|
| <b>*Bleeding</b>         | <b>*Pain</b>      | <b>*Mobility</b>           |
| <b>*Unpleasant taste</b> | <b>*Dry mouth</b> | <b>*Migration of teeth</b> |

**Past Dental history**

**Visit to the dentist**----- Regular----- Irregular-----

**Previous periodontal treatment:** -----

**Tooth brushing:** ----- Frequency-----

**Interdental aids:** No-----Yes ----- (Toothpicks, dental floss, interdental brush)

**Habits:** Bruxism ----- Clenching----- Others -----

**Past Medical history**

**History of systemic diseases**

|                        |                            |                         |
|------------------------|----------------------------|-------------------------|
| <b>*Heart diseases</b> | <b>*Liver diseases</b>     | <b>*Kidney diseases</b> |
| <b>*Hypertension</b>   | <b>*Diabetic Mellitus</b>  | <b>*Pregnancy</b>       |
| <b>*Hypotension</b>    | <b>*Infectious disease</b> | <b>*Epilepsy</b>        |

**Medications:** -----

**Sensitivity:** Local anesthesia ----- Penicillin----- Others-----

**Others:** -----

| <b>Smoking Status<br/>(Current, Former)</b> | <b>Cigarette</b> | <b>Water-vape</b> | <b>Electronic cigarette</b> |
|---|------------------|-------------------|-----------------------------|
| No. of smoking/day                          |                  |                   |                             |
| Count of years smoked                       |                  |                   |                             |
| Family history of smoking                   |                  |                   |                             |

## Intraoral examination

### (PLI)

|     | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| P   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|     | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

### (BOP)

|     | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| P   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|     | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

L.B: Labial or buccal    P: Palatal    L: Lingual

### Calculus index

|     | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| P   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|     | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

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**Date**        /        / **202**

| <b>Grading according to the severity</b> | <b>Scoring</b> | <b>Scaling &amp; polishing</b> | <b>Instruments</b> | <b>Behavior of the student</b> |
|--|----------------|--------------------------------|--------------------|--------------------------------|
| <b>Simple</b>                            |                |                                |                    |                                |
| <b>Moderate</b>                          |                |                                |                    |                                |
| <b>Sever</b>                             |                |                                |                    |                                |

# 5<sup>th</sup> class case sheet

Student's name -----

Group -----

Patient's Name: ----- Date :        /        /202

Patient's age: ----- Patient's gender: ----- Phone number: -----

Educational achievement: Primary school/ Secondary school/ College or higher

education. Occupation----- Patient's signature-----

## History

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|                          |                   |                            |
|--------------------------|-------------------|----------------------------|
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|                        |                            |                         |
|------------------------|----------------------------|-------------------------|
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Medications: -----

Sensitivity: Local anesthesia ----- Penicillin----- Others-----

Others: -----

| <b>Smoking Status<br/>(Current, Former)</b> | <b>Cigarette</b> | <b>Water-vape</b> | <b>Electronic cigarette</b> |
|---|------------------|-------------------|-----------------------------|
| No. of smoking/day                          |                  |                   |                             |
| Count of years smoked                       |                  |                   |                             |
| Family history of smoking                   |                  |                   |                             |

# Examination

Extraoral-----

-----

Intraoral-----

Ulceration-----

Teeth tender to precaution -----

teeth with negative vitality -----

Attrition & Abrasion -----

Missing teeth -----

Unsaveable teeth -----

## Intraoral examination

(PLI)

|     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|     | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| P   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|     | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

L.B: Labial or buccal    P: Palatal    L: Lingual

**(BOP)**

|     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|     | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| P   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|     | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

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**(PPD)**

|     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|     | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| P   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L.B |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|     | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

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**Furcation Involvement**

|   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
|   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
| 8 | 7 | 6 | 5 | 4 | 4 | 5 | 6 | 7 | 8 |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |

**Mobility**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**Diagnosis**-----



**Student's name** -----

**Group** -----

**Date**        /        / **202**

| <b>Treatment Record</b> |                |                |                     |
|-------------------------|----------------|----------------|---------------------|
| <b>Visit</b>            | <b>Scoring</b> | <b>Scaling</b> | <b>Root planing</b> |
| <b>1<sup>st</sup></b>   |                |                |                     |
| <b>2<sup>nd</sup></b>   |                |                |                     |
| <b>3<sup>rd</sup></b>   |                |                |                     |
| <b>4<sup>th</sup></b>   |                |                |                     |
| <b>5<sup>th</sup></b>   |                |                |                     |

**Senior staff notes:** -----

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