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DENTAL APPOINTMENT/EXAM FORM

PART I: TO BE COMPLETED BY TARGET EMPLOYEE:

Client Name: _____ Date: _____

Routine 6-Mo PRN Procedure

Chemical Support Used (circle one): Yes/No **Med Name/Dose:** _____

Frequency Oral Hygiene is performed: _____ once daily _____ twice daily _____ three times/ day
 _____ Rarely/Not done related to uncooperative behavior

Method of Oral Hygiene: _____ Independent, manual toothbrush _____ Staff assist, manual toothbrush
 _____ Independent, electric toothbrush _____ Staff assist, electric toothbrush
 _____ Flossing _____ Not Flushing _____ Oral Swabs

Gum Assessment: _____ No bleeding associated with oral hygiene
 _____ Bleeding sometimes associated with oral hygiene
 _____ Bleeding always associated with oral hygiene

Name of Target Employee (Printed): _____

PART II: TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

➤ **Services Rendered:** Cleaning/ Prophylaxis X-ray Other: _____

Gingival Assessment: Maxilla _____
 Mandible: _____

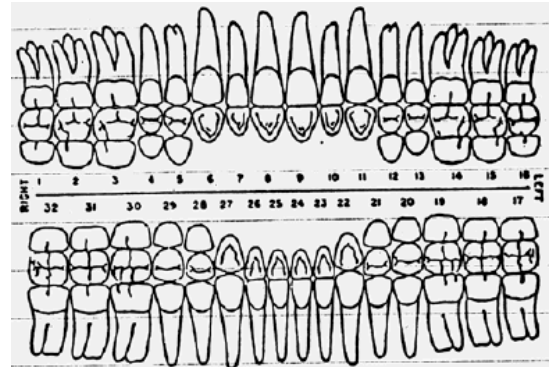
Growths: _____

Occlusion: _____

Ulcerations: _____

Dentures: _____ Satisfactory _____ Unsatisfactory

Other: _____



Tooth #	Problem	Recommendation	Intervention Performed

Plan/ Recommendations: _____ Date of Next Appt: _____

HCP Name (Printed): _____ Office Number: _____

HCP Signature: _____