family name | first name | date of birth

proffession | adress | phone number | employer/school

stamp of medical department | place of birth

Date			Signature	Date			Signature
		Periodontologic consultation				tongue description	
		examination/control					
	DG:	**DIAGNOSIS**				Periodontal examination	
						Indexes (PBI, CPITN)	
	Med H:						
						Gingiva	
						color	
	Fam H:						
						consistency	
						conture	
	Farm H:						
						gingival recessions	
						width of atached gingiva	
	Allergies					phenotype of gingiva	
						Periodontal pockets	
	Smoking					Furcations	
						Mobility	
						Level of atachement	
	SA:						
						Occlusion	
	Clin Ex:					**RTG evaluation**	
						rtg status (10 images)	
		extraoral					
						Other medical examinations	
						microbiological evaluation	
		intraoral					
		teeth status					
					Rec:		
		oral hygiene level					
					Th:		
		state of oral mucous in gingiva regio					
						Oral hygiene instructions	
		color					
		moisture					
		examination of oral musous					

How to work with form?

Fill in fields marked with green color. For suggestion, hover with the cursor over the green field with red corner and help will show up.