amily name first name					e of birth							
proffession adress		dress	ess		ne numbe	er employer/school	employer/school					
					•							
tamp of medical department place of birth												
Date				Signature	Date			Signature				
	examir		ologic consultation ination/control AGNOSIS				tongue description					
D							Periodontal examination					
Me	ed H:						Indexes (PBI, CPITN)					
	_						Cingiug					
Fa	am H:						Gingiva color					
							consistency					
							conture					
Fai	rm H:						gingival recessions					
Alle	ergies						width of atached gingiva phenotype of gingiva					
	_						Periodontal pockets					
Sm	oking						Furcations					
	j						Mobility					
							Level of atachement					
	SA:											
							Occlusion					
Cli	in Ex:						RTG evaluation rtg status (10 images)					
	ex	traoral										
							Other medical examinations					
	int	traoral eth status					microbiological evaluation					

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.

		Th:		
state of oral mucous in gingiva regio				
			Oral hygiene instructions	
color				
moisture				
examination of oral musous				