



**PERIODONTOLOGY LOGBOOK
YEAR 3 - BDS**

NAME: _____

ROLL NUMBER #: _____

LEARNING OBJECTIVES:

By the end of the clinical training in Periodontology, the student will be able to:

1. **Obtain, document, and interpret** a comprehensive medical and dental history, identifying systemic and local risk factors relevant to periodontal disease.
2. **Perform a systematic extraoral and intraoral examination**, including periodontal assessment, and accurately record clinical findings.
3. **Conduct and interpret periodontal screening and charting procedures**, including Basic Periodontal Examination (BPE), pocket depth measurement, clinical attachment level, mobility, furcation involvement, and radiographic evaluation.
4. **Establish provisional and definitive periodontal diagnoses** by correlating clinical and radiographic findings.
5. **Classify gingival and periodontal diseases** according to current periodontal disease classification systems.
6. **Formulate and justify comprehensive periodontal treatment plans**, incorporating phases of therapy (initial, surgical, corrective, and maintenance) based on disease severity and prognosis.
7. **Apply ergonomic principles**, including correct clinician positioning, clock positioning, and operator setup, to ensure efficiency, patient comfort, and occupational safety.
8. **Demonstrate correct instrument grasp and finger rest techniques**, ensuring optimal control, tactile sensitivity, and prevention of operator fatigue.
9. **Identify, classify, and select periodontal instruments appropriately**, based on design features, working ends, and clinical indications.
10. **Perform manual scaling using area-specific curettes**, demonstrating correct insertion, adaptation, angulation, stroke activation, and root debridement techniques.
11. **Perform ultrasonic scaling safely and effectively**, integrating appropriate power settings, angulation, water flow, and patient management.
12. **Demonstrate knowledge and application of periodontal surgical principles**, including incision design, flap reflection, atraumatic tissue handling, and post-operative care.
13. **Evaluate treatment outcomes**, assess effectiveness of instrumentation or therapy, and modify management plans where necessary.
14. **Demonstrate professionalism and ethical conduct**, including infection control, informed consent, accurate documentation, effective patient communication, and patient-centered care.

CONTENT DISTRIBUTION

Clinical Sessions 1-6 – Block H

Clinical Sessions 7-8 – Block I

Clinical Session 9-10 – Block J

PATIENTS DISTRIBUTION (Minimum)

History Taking, Examination, Diagnosis and Treatment Planning – 10

Manual Scaling – 7

Ultrasonic Scaling – 3

Contents

Clinical Session 1: History Taking, Examination, Diagnosis And Treatment Planning	5
Clinical Session 2: Positioning & Ergonomics 1	6
Clinical Session 3: Clinical Cock Positioning	7
Clinical Session 4: Instrument Grasp (Modified Pen Grasp)	8
Clinical Session 5: Periodontal Instruments: Identification And Design	9
Clinical Session 6: Basic Periodontal Examination (BPE)	10
Clinical Session 7: Area-Specific Gracey Curettes And Manual Scaling	11
Clinical Session 8: Ultrasonic Scaling & Polishing	12
Clinical Session 9: Surgical Incisions & Flaps	14
Clinical Session 10: Diagnosis, Management and Treatment Planning for Various Gingival & Periodontal Conditions	15
ANNEXURE 1(For Clinical Session 1) 10 HISTORY SHEETS ATTACHED	16
ANNEXURE 2 (For Clinical Session 2)	47
ANNEXURE 3 (For Clinical Session 3)	48
ANNEXURE 4: (For Clinical Session 4)	49
ANNEXURE 5: (For Clinical Session 5)	50
ANNEXURE 6: (For Clinical Session 6)	51
ANNEXURE 7: (For Clinical Session 7)	53
ANNEXURE 8: (For Clinical Session 8)	54
ANNEXURE 9: (For Clinical Session 9)	60

Clinical Session 1: History Taking, Examination, Diagnosis And Treatment Planning

(Guide-ANNEX 1)

By the end of this clinical session, the student will be able to:

1. History

1. **Identify** the patient's chief complaint and document the main reason for seeking dental care.
2. **Obtain** a complete medical history, including systemic diseases, allergies, medications, and past hospitalizations.
3. **Collect** dental history, including previous periodontal treatment, restorations, and oral hygiene habits.
4. **Assess** risk factors for periodontal disease, such as smoking, diabetes, and other systemic conditions

2. Examination

Extraoral Examination

5. **Perform** a systematic examination of the head, neck, lymph nodes, and TMJ to detect signs of periodontal or systemic disease.

Intraoral Examination

6. **Conduct** a thorough oral cavity examination, assessing teeth, gingiva, mucosa, tongue, and other soft tissues.
7. **Evaluate** gingival health by assessing color, contour, consistency, and signs of inflammation.
8. **Measure** periodontal pocket depths accurately using a periodontal probe and identify areas of attachment loss.
9. **Assess** tooth mobility and classify the degree of mobility.
10. **Use** a periodontal probe correctly to measure pocket depths and attachment levels.
11. **Interpret** radiographs (OPG, Peri-Apical XRay) to identify:
 - Loss of lamina dura
 - Widened periodontal ligament space
 - Irregular alveolar crest
 - Interdental bone loss
 - Furcation involvement
 - Root surface calculus (if visible)
 - Periapical lesion
 - Generalized Vs Localized bone loss (OPG)
 - Horizontal vs vertical bone loss (OPG)
 - Molar-Incisor pattern bone loss (OPG)

Periodontal Evaluation & Recording

12. **Perform** Basic Periodontal Examination (BPE) and **record** findings
13. **Identify and document:**
 - Pocket formation (with landmarks/reference points)
 - Furcation involvement (Glickman)
 - Tooth mobility (Millers)
 - Gingival recession (Miller's classification)
 - Gingival enlargement (Grading)

3. Diagnosis and Treatment Planning

15. **Formulate** a provisional periodontal diagnosis based on clinical findings.
16. **Differentiate** between gingivitis, periodontitis and other periodontal conditions.
17. **Assess** the severity of periodontal disease and **prioritize** treatment needs.
18. **Develop** a basic periodontal treatment plan according to phases of periodontal therapy.

4. Professionalism and Attitude

19. **Maintain** strict infection control and sterilization protocols during all procedures.
20. **Communicate** effectively with patients, explaining procedures, findings, and instructions clearly.
21. **Document** clinical findings and treatment accurately in patient records.
22. **Demonstrate** ethical behavior, professionalism, and a patient-centered approach in clinical and ward settings.

Clinical Session 2: Positioning & Ergonomics 1

(Guide ANNEX 2)

By the end of this clinical session, the student will be able to:

1. **Apply ergonomic principles** to correctly adjust the clinician's chair, ensuring a neutral seated posture throughout the procedure.
2. **Position and recline the patient chair appropriately**, ensuring the patient's head is aligned with the top of the headrest and the backrest is adjusted according to the arch being treated.
3. **Adjust the height of the patient chair** so that the clinician's elbows remain at waist level when fingers are positioned on the teeth in the treatment area.
4. **Organize the operatory efficiently** by positioning the instrument tray within easy reach based on the delivery system (front, side, or rear).
5. **Align and adjust the operating light or headlight** at arm's length to achieve optimal illumination without shadowing or operator strain.
6. **Maintain a neutral, balanced working posture** while ensuring patient comfort, safety, and effective clinical access.
7. **Recognize and self-correct** improper posture, chair positioning, or operatory setup during clinical procedures.
8. **Demonstrate professional responsibility** toward occupational health by consistently adhering to ergonomic standards

STUDENT EVALUATION SESSION 1: POSITION

Date _____

Satisfactory = S Unsatisfactory = U

POSITIONING/ERGONOMICS	Evaluation
Adjusts clinician chair correctly	
Reclines patient chair and ensures that patient's head is even with top of headrest	
Positions instrument table within easy reach for front, side, or rear delivery as appropriate for operatory configuration	
Positions unit light at arm's length or dons dental headlight and adjusts it for use	
Positions backrest of patient chair for the specified arch	
Adjusts height of patient chair so that clinician's elbows remain at waist level when fingers touch teeth in treatment area	
Maintains neutral seated position	

Clinical Session 3: Clinical Cock Positioning

(Guide ANNEX 3)

By the end of this clinical session, the student will be able to:

1. **Demonstrate correct ergonomic setup** of the dental operator prior to initiating a periodontal procedure.
2. **Adjust and stabilize the clinician's chair** to maintain a neutral seated posture with proper spinal alignment and foot support.
3. **Position and recline the patient chair appropriately**, ensuring correct headrest alignment and backrest adjustment according to the arch being treated.
4. **Regulate the height of the patient chair** to maintain elbows at waist level and forearms parallel to the floor during instrumentation.
5. **Position the instrument tray and equipment efficiently** within the clinician's ergonomic zone according to the operatory delivery system.
6. **Align and adjust the operating light or headlight** to achieve optimal illumination while minimizing shadowing and operator strain.
7. **Adopt and maintain appropriate clock positions** for different sextants during periodontal procedures.
8. **Recognize and correct improper posture or operatory setup** to prevent musculoskeletal strain and ensure patient comfort.
9. **Demonstrate professional responsibility** by consistently applying ergonomic principles to enhance clinical efficiency and occupational health.

STUDENT EVALUATION SESSION 2: CLINICIAN CLOCK POSITION

Date _____ Satisfactory = S Unsatisfactory = U

Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Anterior sextant, Facial aspect	Anterior sextant, Lingual aspect	Right posterior sextant, Facial aspect	Right posterior sextant, Lingual aspect	Left posterior sextant, Facial aspect	Left posterior sextant, Lingual aspect

Criteria	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Positioning/Ergonomics						
Adjusts clinician chair correctly						
Reclines patient chair and ensures that patient's head is even with top of headrest						
Positions instrument tray within easy reach for front, side, or rear delivery as appropriate for operatory configuration						
Positions unit light at arm's length or dons dental headlight and adjusts it for use						
Assumes the recommended clock position						
Positions backrest of patient chair for the specified arch and adjusts height of patient chair so that clinician's elbows remain at waist level when accessing the specified treatment area						
Asks patient to assume the head position that facilitates the clinician's view of the specified treatment area						
Maintains neutral position						
Directs light to illuminate the specified treatment area						

Clinical Session 4: Instrument Grasp (Modified Pen Grasp)

(Guide ANNEX 4)

By the end of this clinical session, the student will be able to:

1. **Identify and describe** the parts of various periodontal instruments, including handle, shank, and working end.
2. **Accurately identify and name** the digits of the hand (thumb, index, middle, ring, and little finger) and relate their roles to periodontal instrumentation.
3. **Explain the biomechanical principles** underlying the modified pen grasp and its role in instrument control, precision, and prevention of musculoskeletal strain.
4. **Demonstrate the modified pen grasp correctly**, ensuring:
 - Finger pads of the thumb and index finger are placed opposite each other on the handle.
 - Thumb and index finger do not overlap.
 - Pad of the middle finger rests lightly on the shank.
 - Middle finger maintains contact with the ring finger for stability.
 - Thumb, index, and middle fingers maintain a “knuckles-up” position.
 - Ring finger remains straight and provides stable support.
5. **Demonstrate controlled instrument movement** using the modified pen grasp during simulated periodontal instrumentation.
6. **Analyze and explain** the functional role of each finger in achieving stability, tactile sensitivity, and stroke control.
7. **Identify errors** in finger placement or grasp technique and **implement corrective measures** to improve control and ergonomics.
8. **Maintain ergonomic hand positioning** consistently throughout instrumentation to promote operator safety and clinical efficiency.

STUDENT EVALUATION SESSION 3, INSTRUMENT GRASP

Date: _____

S (satisfactory) or **U** (unsatisfactory)

1 Grasp with mirror hand	2 Grasp with instrument hand
--------------------------	------------------------------

Instrument Grasp	1	2
Identifies handle, shank, and working-end(s) of a mirror and periodontal instruments		
Describes the function each finger serves in the grasp		
Grasps handle with tips of finger pads of index finger and thumb so that these fingers are opposite each other on the handle, but do NOT touch or overlap		
Rests pad of middle finger lightly on instrument shank; middle finger makes contact with the ring finger		
Positions the thumb, index, and middle fingers in the “knuckles-up” convex position; hyperextended joint position is avoided		
Holds ring finger straight so that it supports the weight of hand and instrument; ring finger position is “advanced ahead of” the other fingers in the grasp		
Keeps index, middle, ring, and little fingers in contact; “like fingers inside a mitten”		
Maintains a relaxed grasp; fingers are NOT blanched in grasp		

Clinical Session 5: Periodontal Instruments: Identification And Design

(Guide ANNEX 5)

By the end of this clinical session, the student will be able to:

1. **Identify and correctly name** periodontal instruments.
2. **Identify and correctly name** the working end of periodontal instruments using their design name and number.
3. **Differentiate and describe** the structural features of instrument handles and shanks, including diameter, weight, texture, and shank angulation.
4. **Analyze and discuss** the advantages and limitations of various handle and shank designs in relation to clinical efficiency, tactile sensitivity, and operator ergonomics.
5. **Select appropriate instruments** with handle design characteristics that minimize pinch force and enhance operator comfort during instrumentation.
6. **Classify and sort** periodontal instruments into simple shank and complex shank designs based on structural characteristics.
7. **Identify and distinguish** the anatomical components of working ends in Gracey curets, including face, back, lateral surfaces, cutting edges, and toe/tip.
8. **Determine and justify** the intended clinical use of periodontal instruments by evaluating their design features and classification.
9. **Indicate accurately** how each instrument is used on the dentition.

STUDENT EVALUATION CLINICAL SESSION, INSTRUMENTS' DESIGN AND CLASSIFICATION

Date: _____

S (satisfactory) or U (unsatisfactory)

Instrument 1 _____

Instrument 2 _____

Instrument 3 _____

Instrument 4 _____

Instrument 5 _____

Criteria					
Instrument	1	2	3	4	5
Identifies the instruments correctly					
Identifies handle of instrument					
Identifies working-end of instrument					
Identifies the classification of each working-end					
Identifies the parts of the working-end (face, back, lateral surfaces, tip or toe and cutting edges)					
Identifies the functional shank and lower (terminal) shank					
Identifies the shank as simple or complex					

Clinical Session 6: Basic Periodontal Examination (BPE)

(Guide ANNEX 6)

1. Mastery of BPE Screening Technique

Students should be able to *accurately perform and record a Basic Periodontal Examination* using the correct clinical procedure:

- Divide dentition into **six sextants** and examine each sextant thoroughly.
- Use a **WHO periodontal probe** (with ball end and black band at 3.5–5.5 mm).
- Apply **light probing force (20–25 g)** and record the **highest BPE code** for each sextant.
- Understand what each BPE code (0, 1, 2, 3, 4, *) means in terms of pocket depth, calculus/bleeding and furcation involvement.

2. Interpretation & Clinical Decision-Making

Students should be able to *interpret BPE results* to guide further assessment and treatment:

- Recognize that BPE is a **screening tool, not a diagnostic charting system**; detailed charting is needed when indicated.
- Know when to proceed to a **full periodontal charting** (e.g., in sextants with codes 3 or 4).
- Understand implications of codes (e.g., oral hygiene instruction vs referral for specialist care / advanced periodontal therapy).

3. Professional Clinical Documentation & Communication

Students must demonstrate proper record-keeping and communication skills:

- Accurately document **BPE scores for each sextant** in the patient's clinical notes.
- Explain to patients what the BPE findings mean and discuss the **importance of periodontal health and oral hygiene**.
- Use results to support risk assessment and inform **treatment planning or referrals**.

(EVALUATION OF PERFORMANCE IN THE HISTORY SHEETS)

Clinical Session 7: Area-Specific Gracey Curettes And Manual Scaling
(Guide ANNEX 7)

By the end of this session, the students should be able to:

1. **Identify** different area-specific curets based on design features, including cutting edge, shank angulation, and toe shape.
2. **Explain** the advantages and limitations of each curet in clinical use.
3. **Select** the appropriate curet and working-end for anterior and posterior teeth using visual cues.
4. **Demonstrate** correct instrument adaptation, ensuring the toe-third of the blade contacts the tooth surface.
5. **Perform** vertical, oblique, and horizontal calculus removal strokes on anterior teeth while maintaining proper grasp, finger rests, and patient comfort.
6. **Execute** vertical, oblique, and horizontal calculus removal strokes on posterior teeth, including line angles and proximal surfaces, with correct adaptation and finger rests.
7. **Apply** a set of area-specific curets to ensure complete instrumentation of the entire dentition.
8. **Assess** the effectiveness of instrumentation by observing calculus removal and surface smoothness and **modify** technique as necessary.

STUDENT EVALUATION CLINICAL SESSION, INSTRUMENTS' DESIGN AND CLASSIFICATION
Date: _____ S (satisfactory) or U (unsatisfactory)

Instrumentation	Evaluation
Selects correct instrument and its working-end for tooth surface to be instrumented	
Insertion	
Establishes 0° angulation (face hugs tooth surface) in preparation for insertion	
Gently inserts curet toe beneath the gingival margin to base of sulcus or pocket	
Adaptation, Angulation, Calculus Removal Stroke	
Assesses the root surface using light, sweeping assessment strokes away from the junctional epithelium	
Correctly orients the lower shank to the tooth surface to be instrumented	
Initiates a stroke away from the junctional epithelium by positioning the working- end beneath a calculus deposit, "locking the toe" against tooth surface and using an angulation between 45° and 80°	
Uses rotating motion to make a short, biting stroke in a coronal direction to snap a deposit from the tooth	
Maintains appropriate lateral pressure against the tooth throughout the stroke while maintaining control of the working-end	
Maintains neutral wrist position throughout motion activation	
Thoroughly instruments proximal surface under each contact area	
Uses appropriate sequence for the specified sextant	
Demonstrates horizontal strokes at the midlines of anterior teeth and the line angles of posterior teeth	
Keeps hands steady and controlled during instrumentation	
Root Debridement Stroke	
Establishes a 60° angle to the tooth surface	

Clinical Session 8: Ultrasonic Scaling & Polishing

(Guide ANNEX 8)

By the end of this session, the students should be able to:

- Explain the **working principle** of ultrasonic scalers (magnetostrictive vs piezoelectric).
- Describe how **vibrations, cavitation, and acoustic microstreaming** contribute to calculus removal and biofilm disruption.
- Identify **indications and contraindications** for ultrasonic scaling.
- Identify **indications and contraindications** for polishing

2. Instrumentation and Technique

- Recognize the **parts of the ultrasonic handpiece**.
- Demonstrate **correct handpiece handling, angulation (0–15°), and adaptation** to tooth surfaces.
- Apply **proper tip motion (vertical, horizontal, or circular) and controlled pressure** to avoid tissue damage.
- Integrate **water flow, power settings, and patient comfort** during scaling.

3. Clinical Application and Safety

- Perform **ultrasonic scaling efficiently** for plaque, calculus, and stain removal.
- Minimize **trauma to soft tissue and root surfaces**.
- Maintain **infection control, ergonomics, and patient safety** during the procedure.
- Evaluate the **effectiveness of scaling** and plan further periodontal therapy if needed.

4. Professionalism and Patient Care

- Communicate the procedure and **educate the patient on oral hygiene**.
- Maintain a **professional approach** throughout the treatment.

Date: _____

S (satisfactory) or U (unsatisfactory)

S. No	Competency / Task	S	U
Instrumentation & Technique			
1.	Identifies parts of ultrasonic handpiece correctly	<input type="checkbox"/>	<input type="checkbox"/>
2.	Maintains correct angulation (0–15°) during scaling	<input type="checkbox"/>	<input type="checkbox"/>
3.	Demonstrates proper adaptation and controlled lateral pressure	<input type="checkbox"/>	<input type="checkbox"/>
4.	Uses correct tip motion (vertical, horizontal, circular)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Adjusts water flow and power settings appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Application & Safety			

S. No	Competency / Task	S	U
6.	Performs effective removal of plaque, calculus, and stains	<input type="checkbox"/>	<input type="checkbox"/>
7.	Minimizes trauma to soft tissues and root surfaces	<input type="checkbox"/>	<input type="checkbox"/>
8.	Maintains infection control protocol	<input type="checkbox"/>	<input type="checkbox"/>
9.	Maintains proper ergonomics during procedure	<input type="checkbox"/>	<input type="checkbox"/>
10	Evaluates scaling effectiveness and identifies need for further therapy	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism & Patient Care			
11	Communicates procedure clearly to patient	<input type="checkbox"/>	<input type="checkbox"/>
12	Provides oral hygiene instructions post-scaling	<input type="checkbox"/>	<input type="checkbox"/>
13	Demonstrates professional behavior and patient comfort management	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Session 9: Surgical Incisions & Flaps
(Guide ANNEX 9)

By the end of this clinical , the student should be able to:

1. Identify the **types of periodontal surgical incisions** (e.g., internal bevel, sulcular, interdental, external bevel, vertical releasing, semilunar).
2. Describe and differentiate **types of periodontal flaps**:
 - Full-thickness (mucoperiosteal) flap
 - Partial-thickness (split-thickness) flap
 - Envelope flap
 - Pedicle flap
 - Papilla preservation flap
3. Recognize **potential complications** (e.g., flap necrosis, bleeding, delayed healing) and discuss corrective measures.
4. Provide **post-surgical instructions** to patients, including:
 - Oral hygiene care (gentle brushing, antiseptic rinses)
 - Pain management and medication compliance
 - Diet and activity restrictions
 - Signs of complications (bleeding, swelling, infection) and when to seek help

Clinical Record / Evaluation Table

Satisfactory

Unsatisfactory

S. No	Competency / Task	Satisfactory (S)	Unsatisfactory (U)
1	Identifies type of incision correctly	<input type="checkbox"/>	<input type="checkbox"/>
2	Explains indications and limitations of incision	<input type="checkbox"/>	<input type="checkbox"/>
3	Considers anatomical factors in planning	<input type="checkbox"/>	<input type="checkbox"/>
4	Describes and differentiates types of flaps	<input type="checkbox"/>	<input type="checkbox"/>
5	Recognizes and explains potential complications	<input type="checkbox"/>	<input type="checkbox"/>
6	Explains and provides post-surgical instructions to patient	<input type="checkbox"/>	<input type="checkbox"/>

Instructor Comments:

Instructor Signature: _____

Clinical Session 10: Diagnosis, Management and Treatment Planning for Various Gingival & Periodontal Conditions

By the end of this clinical session, the student will be able to:

Interpret clinical findings and correlate them with radiographic features to establish a provisional and/or definitive periodontal diagnosis.

1. **Classify gingival and periodontal conditions** according to 2017 periodontal disease classification criteria.
2. **Differentiate** between different types of gingivitis, periodontitis, necrotizing periodontal diseases, abscesses, endo-perio lesions and other periodontal conditions based on clinical presentation.
3. **Formulate a comprehensive treatment plan**, including:
 - a. Emergency phase
 - b. Initial/Non surgical (Phase I) therapy
 - c. Surgical Therapy (Phase II) therapy
 - d. Restorative (Phase III) therapy
 - e. Maintenance (Phase IV) therapy
4. **Justify treatment decisions** based on disease severity, patient risk factors, and prognosis.
5. **Identify local and systemic risk factors** influencing periodontal disease progression and incorporate them into treatment planning.
6. **Provide patient education and oral hygiene instructions** tailored to the diagnosed condition.

ANNEXURE 1(For Clinical Session 1)

10 HISTORY SHEETS ATTACHED

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Cariou Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite /Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Cariou Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Cariou Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite /Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

DEPARTMENT OF PERIODONTOLOGY

HISTORY FORM

Initial Visit/Review Visit

Date _____

Patient Full Name:	Gender: M / F	Hospital ID No.:
Age:	Occupation:	Clinician's Name:

Medical Information

Are you under the care of any Physician? Yes / No / Don't Know Physician Name: Address/City:		Any serious illness/hospitalization during the past five years? Yes / No Reason:
Are you in good health? Yes / No If No, Problems Facing:		Has there been any change in your general health for the past year?
Date of last physical exam: Reason:		Medications taking:
Are you facing any of the following problems:		
Persistent cough Yes / No Persistent cough for more than 3 weeks Yes / No Cough producing blood Yes / No Asthma or other respiratory disease Yes / No Any respiratory disease? Yes / No If yes, mention disease:		Artificial (prosthetic) heart valve Yes / No Previous infective endocarditis Yes / No Congenital heart disease (CHD) Yes / No Heart attack Yes / No Blood Pressure Normal / High / Low Any other cardiovascular disease Yes / No If yes, mention disease:
Joint Replacement? Yes / No		Abnormal Bleeding Yes / No
Sores or ulcers in mouth Yes / No G E Reflux Yes / No Any Gastrointestinal disease Yes / No		Kidney disease Yes / No Cancer / Chemotherapy / Radiation Treatment Yes / No Hepatitis / Jaundice / Liver Disease Yes / No Severe headaches / Migraine Yes / No
Epilepsy Yes / No Stroke Yes / No Muscle weakness Yes / No Diabetes No / Type 1/ Type 2 --- Uncontrolled / Uncontrolled		Allergies Yes / No If yes, mention cause
<u>Women Only:</u> Pregnancy: Yes / No No. of weeks: Nursing:		Use of Cigarette Yes / No Use of Naswar / Smokeless Tobacco Yes / No

Dental Information

Bleeding gums Yes/No If Yes, On Brushing / On Eating / Spontaneous Sensitivity None / Sweet / Hot & Cold Does food catch between teeth Yes / No Is your mouth dry? Yes / No Any periodontal (gum) treatments? Yes / No Any orthodontic (braces) treatments? Yes / No Any problems associated with previous dental treatment? Yes / No Any serious injury to your head or mouth? Yes / No Any earaches or neck pains? Yes / No		Any clicking / popping or discomfort in your jaw? Yes / No Bruxism / Grinding of teeth? Yes / No Sores or ulcers in mouth? Yes / No Dentures or tooth replacements? Yes / No Are you currently experiencing dental pain or discomfort? Yes / No When was your last dental examination? What was done at that time?
Cleaning methods Brushing Yes /No Frequency Inconsistent / Once daily / twice daily / > 2 Time of day Before breakfast / After breakfast / before bed		Mouthwash use? Yes /No Interdental brushes? Yes /No Dental floss Yes /No Miswak? Yes /No Any other way?

Extra-Oral Examination

Facial Symmetry:	Symmetrical / Asymmetrical	Lymph Nodes:	Palpable / Impalpable
Facial Profile:	Straight / Concave / Convex	TMJ swelling/ tenderness:	Present / Absent
Smile Line:	Average / Low / High	Mouth opening:	Normal / Reduced
Lip Seal:	Competent / Incompetent	Click / Crepitus:	Present / Absent

Intra-Oral Examination

Buccal Lesion:	Present / Absent	Diastema :	Present / Absent
Lingual Lesion / Tori:	Present / Absent	Missing Teeth:	_____ _____
Palatal Lesion / Tori:	Present / Absent	Carious Teeth	_____ _____
Arch form Maxillary:	U-Shaped / V- shaped	Malpositioned Teeth	_____ _____
Arch form Mandibular:	U-Shaped / V- shaped	Restored Teeth	Present / Absent
Frenal Attachments Maxillary:	High / Low / Normal	Defected restorations	_____ _____
Frenal Attachments Mandibular:	High / Low / Normal	Fractured Teeth	Present / Absent
Salivary Flow:	Normal / Copious / Reduced		
Parafunctional Habits:	Clenching / Bruxism		
Wear facets:	Present / Absent		
Bite:	Normal / Cross bite / Open bite / Deep bite		
Teeth space:	Normal / Crowding / spacing		
Fluorosis:	Present / Absent		
Stains:	Mild / Moderate / Severe		

Periodontal Examination

Gingival Color:	Pink / Red / Bluish Red	Tissue type:	Thin / Moderate / Thick
Consistency:	Firm / Edematous	Mobility:	_____ _____
Contour:	Scalloped / Bulbous	Recession:	Present / Absent
Margin:	Knife-edge / Rolled	Abscesses:	Present / Absent
Surface texture:	Stippled / Smooth and shiny	Plaque:	Supra gingival / Sub gingival
Interdental Papilla:	Depapillation / Knife-edged / Ballooning	Calculus:	Supra gingival / Sub gingival
Mucogingival Problems:	Present / Absent	Furcation:	
Plaque Index(Oleary)in %			
Bleeding Index in %			

BPE/PSR SCORE

Any other condition/ disease not listed above that you need to share?

Problem List

Diagnosis

ANNEXURE 2 (For Clinical Session 2)

3-Position and postures:

• Neutral seated position in relation to the patient:

1. Forearms parallel to the floor.
2. Weight evenly balanced.
3. Thighs parallel to the floor and knees are apart.
4. Hip angle of 90°.
5. Seat height positioned low enough.
6. Shoulders relaxed & parallel with floor.
7. Eyes directed downward.
8. (14-16) inches distance should be between the patient's mouth & clinician's eyes.
9. Elbows close to sides.
10. Patient's mouth at elbow height.

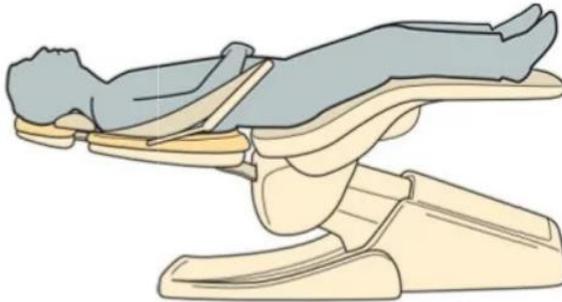
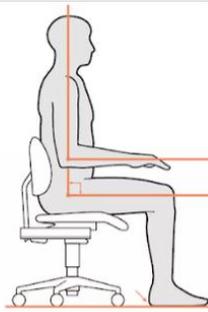


Figure I-33. Patient Position for the Maxillary Arch.

Body	The patient's feet should be even with or slightly higher than the tip of his or her nose.
Chair Back	The chair back should be nearly parallel to the floor for maxillary treatment areas.
Head	The top of the patient's head should be even with the upper edge of the headrest. If necessary, ask the patient to slide up in the chair to assume this position.
Headrest	Adjust the headrest so that the patient's head is in a chin-up position , with the patient's nose and chin level. Patient head position is discussed in more detail later in this chapter.

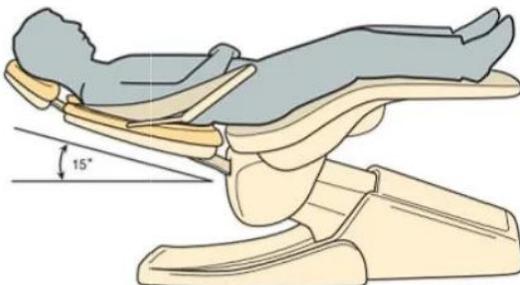
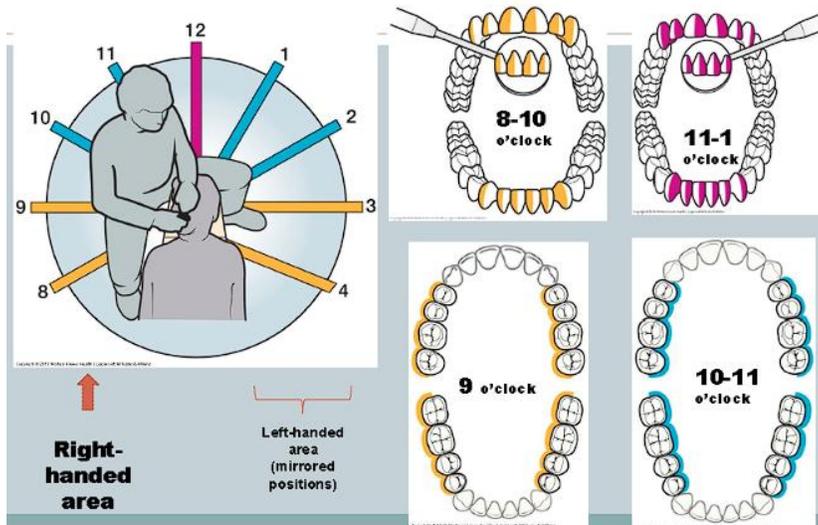


Figure I-34. Patient Position for the Mandibular Arch.

Body	The patient's feet should be even with or slightly higher than the tip of his or her nose.
Chair Back	The chair back should be slightly raised above the parallel position at a 15°–20° angle to the floor. ²⁵
Head	The top of the patient's head should be even with the upper edge of the headrest. If necessary, ask the patient to slide up in the chair to assume this position.
Headrest	Raise the headrest slightly so that the patient's head is in a chin-down position , with the patient's chin lower than the nose. Patient head position is discussed in

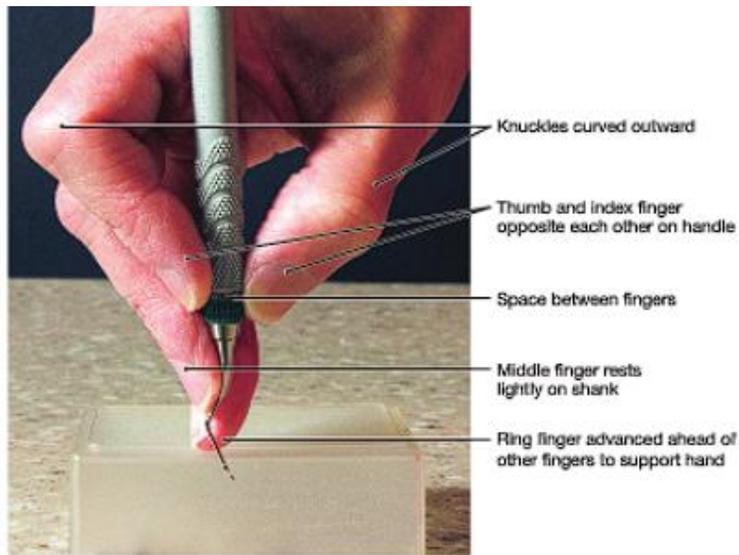
ANNEXURE 3 (For Clinical Session 3)



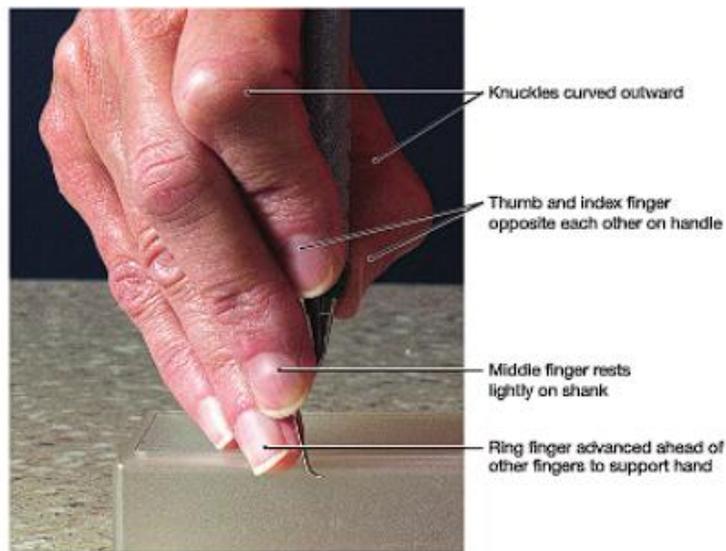
Reference Sheet: Position for the Right-Handed Clinician

Treatment Area	Clock Position	Patient Head Position
Mandibular Arch — Anterior surfaces toward	8:00–9:00	Chin down; neutral to turned right or left
Maxillary Arch — Anterior surfaces toward	8:00–9:00	Chin up; neutral to turned right or left
Mandibular Arch — Anterior surfaces away	11:00–1:00	Chin down; neutral to turned right or left
Maxillary Arch — Anterior surfaces away	11:00–1:00	Chin up; neutral to turned right or left
Mandibular Arch — Posterior aspects toward	9:00	Chin down; neutral
Maxillary Arch — Posterior aspects toward	9:00	Chin up; neutral to turned slightly away
Mandibular Arch — Posterior aspects away	10:00–11:00	Chin down; toward
Maxillary Arch — Posterior aspects away	10:00–11:00	Chin up; toward

ANNEXURE 4: (For Clinical Session 4)



Modified Pen Grasp for Right-Handed Clinician (Side View).



Modified Pen Grasp for Right-Handed Clinician (Front View).

ANNEXURE 5: (For Clinical Session 5)

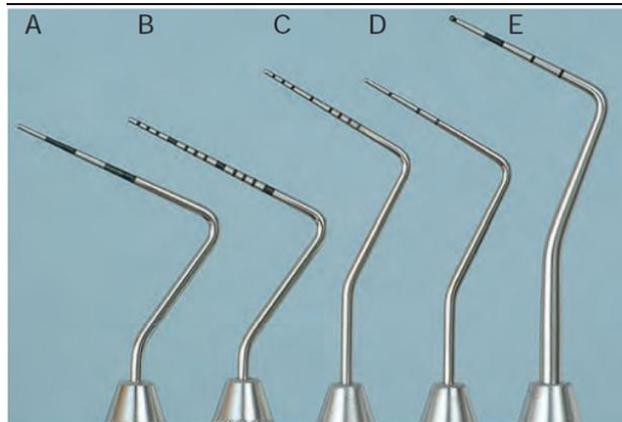
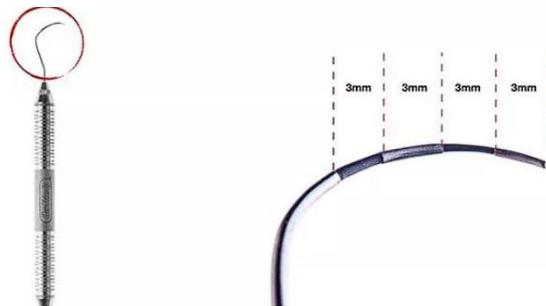


Figure 46-3 Types of periodontal probes. **A**, Marquis color-coded probe. Calibrations are in 3-mm sections. **B**, University of North Carolina-15 probe, a 15-mm long probe with millimeter markings at each millimeter and color coding at the fifth, tenth, and fifteenth millimeters. **C**, University of Michigan “O” probe, with Williams markings (at 1, 2, 3, 5, 7, 8, 9, and 10 mm). **D**, Michigan “O” probe with markings at 3, 6, and 8 mm. **E**, World Health Organization (WHO) probe, which has a 0.5-mm ball at the tip and millimeter markings at 3.5, 8.5, and 11.5 mm and color coding from 3.5 to 5.5 mm



Kirkland and Orban knives



ANNEXURE 6: (For Clinical Session 6)



British Society of
Periodontology

Basic Periodontal Examination (BPE)

Careful assessment of the periodontal tissues is an essential component of patient management. The BPE is a simple and rapid screening tool that is used to indicate the level of further examination needed and provide basic guidance on treatment needed. These BPE guidelines are not prescriptive but represent a minimum standard of care for initial periodontal assessment. BPE should be used for screening only and should not be used for diagnosis.

The clinician should use their skill, knowledge and judgment when interpreting BPE scores, taking into account factors that may be unique to each patient. Deviation from these guidelines may be appropriate in individual cases, for example where there is a lack of patient engagement. General guidance on the implications of BPE scores is indicated in the table below. The BPE scores should be considered together with other factors when making decisions about referral (as outlined in the companion BSP document "Referral Policy and Parameters of Care").

Guidelines for the use of BPE in younger patients can be found in the BSP document "Guidelines for periodontal screening and management of children and adolescents under 18 years of age."

The UK Implementation guidance of the 2017 Classification for periodontal and peri-implant diseases and conditions maps to the BPE guidelines and is documented in *Periodontal diagnosis in the context of the 2017 classification system of periodontal diseases and conditions – Implementation in Clinical Practice*, T. Dietrich, P. Ower, M. Tank, N. X. West, C. Walter, I. Needleman, F. J. Hughes, R. Wadia, M. R. Milward, P. J. Hodge, I. L. C. Chapple & on behalf of the British Society of Periodontology, *BDJ* volume 226, pages 16–22 (11 January 2019) <https://www.nature.com/articles/sj.bdj.2019.3>

How to record the BPE

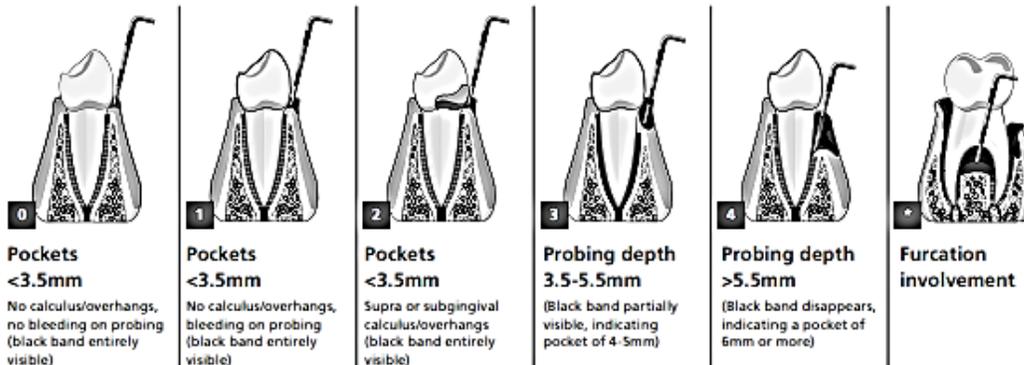
- The dentition is divided into 6 sextants and the highest score for each sextant is recorded:

Upper right (17 to 14)
Lower right (47 to 44)

Upper anterior (13 to 23)
Lower anterior (43 to 33)

Upper left (24 to 27)
Lower left (34 to 37)
- All teeth in each sextant are examined (with the exception of 3rd molars unless 1st and/or 2nd molars are missing).
- For a sextant to qualify for recording, it must contain at least 2 teeth.
- A World Health Organisation (WHO) BPE probe is used. This has a 'ball end' 0.5mm in diameter and a black band from 3.5mm to 5.5mm. Light probing force should be used (20-25 grams).
- The probe should be 'walked around' the teeth in each sextant. All sites should be examined to ensure that the highest score in the sextant is recorded before moving on to the next sextant. If a code 4 is identified in a sextant, continue to examine all sites in the sextant. This will help to gain a fuller understanding of the periodontal condition and will make sure that furcation involvements are not missed.

→ Scoring Codes



An example BPE score grid might look like this:

4	3	3*	Both the number and the * should be recorded if a furcation is detected. E.g. the score for a sextant could be 3* (indicating a probing depth 3.5-5.5mm plus a furcation involvement in the sextant).
-	2	4*	

How to Use BPE

- All new patients should have the BPE recorded
- For patients with codes 0, 1 or 2, the BPE should be recorded at every routine examination
- For patients with BPE codes of 3 or 4, more detailed periodontal charting is required
- **Code 3:** Initial therapy including self-care advice (oral hygiene instruction and risk factor control) then, post-initial therapy, record a 6-point pocket chart in that sextant only
- **Code 4:** If there is a Code 4 in any sextant then record a 6-point pocket chart throughout the entire dentition
- BPE cannot be used to monitor the response to periodontal therapy because it does not provide information about how sites within a sextant change after treatment. To assess the response to treatment, a 6-point pocket chart should be recorded pre and post- treatment
- For patients who have undergone initial therapy for periodontitis, and who are now in the maintenance phase of care, then full probing depths throughout the entire dentition should be recorded at least annually

In addition it is recommended that:

- BPE should not be used around implants (4 or 6-point pocket charting should be used)
- Radiographs should be available for all Code 3 and Code 4 sextants. The type of radiograph used is a matter of clinical judgement but crestal bone levels should be visible. Many clinicians would regard periapical views as essential for Code 4 sextants to allow assessment of bone loss as a percentage of root length and visualisation of the periapical tissues
- When a 6-point pocket chart is indicated it is only necessary to record sites of 4mm and above (although 6 sites per tooth should be measured)
- Bleeding on probing should always be recorded in conjunction with a 6-point pocket chart

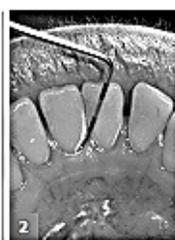
Guidance on Interpretation of BPE Scores



No need for periodontal treatment



Oral hygiene instruction (OHI)



As for Code 1, plus removal of plaque retentive factors, including all supra and subgingival calculus



As for Code 2 and RSD if required



OHI, RSD. Assess the need for more complex treatment; referral to a specialist may be indicated



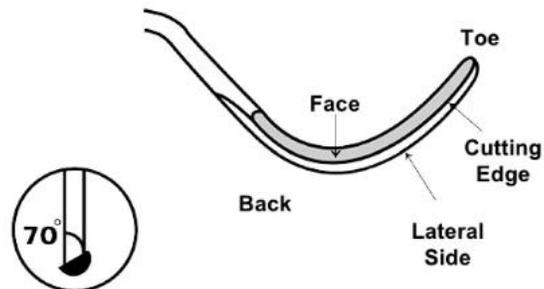
Treat according to BPE Code (0-4). Assess the need for more complex treatment; referral to a specialist may be indicated

ANNEXURE 7: (For Clinical Session 7)

Gracey No.	Area of Use	Tooth Surfaces / Notes
1/2, 3/4	Anterior teeth	All surfaces (mesial, distal, facial, lingual)
5/6	Anterior and premolar teeth	All surfaces
7/8	Posterior teeth	Mesial surfaces
9/10	Posterior teeth	Distal surfaces
11/12	Posterior teeth	Mesial surfaces
13/14	Posterior teeth	Distal surfaces

Gracey Curettes

- The Gracey blade design is offset from the terminal shank at 70°.
- This creates one cutting edge which is referred to as the lower edge.



ANNEXURE 8: (For Clinical Session 8)

1. Working Principles of Ultrasonic Scalers (Magnetostrictive vs Piezoelectric)

Feature / Topic	Magnetostrictive	Piezoelectric	Notes / Clinical Relevance
Working principle	Magnetic field → metal stack/rod expands & contracts	Electric current → ceramic crystals vibrate	Both produce tip oscillations for scaling
Frequency (kHz)	18–45	25–50	Piezo often slightly higher, faster cleaning
Tip motion	Elliptical / circular	Linear	Affects which surfaces are active
Active surfaces	All sides + tip	Lateral sides only	Tip adaptation differs clinically
Handpiece weight	Heavier	Lighter	Ergonomics for prolonged use
Water cooling	Over tip	Over tip	Prevents overheating & pulp damage
Mechanism of action	Mechanical vibration	Same	Breaks calculus
Cavitation	Present	Present	Collapsing bubbles disrupt biofilm & bacteria
Acoustic microstreaming	Present	Present	Fluid movement removes debris from sulcus/pockets

2. Mechanism of Action: Vibrations, Cavitation, Acoustic Microstreaming

a) Mechanical Vibration

- Tip oscillates at high frequency → **breaks calculus deposits** from tooth surfaces.
- Penetrates **subgingival and supragingival calculus**.

b) Cavitation

- Rapid vibration in water produces **tiny bubbles** that collapse → generates **shock waves**.
- Helps **disrupt bacterial cell walls** and biofilm.

c) Acoustic Microstreaming

- Vibration of tip in water produces **fluid movement** → enhances **plaque and biofilm removal**.
- Displaces debris in **sulcus/pockets**, reaching areas inaccessible to hand instruments.

Clinical relevance: Combination of these mechanisms allows **efficient cleaning with minimal tissue trauma**.

INDICATIONS FOR ULTRASONIC SCALING

1. Heavy Supragingival or Subgingival Calculus

- Thick, tenacious calculus deposits
- Generalized heavy stain with calculus (e.g., smokers)
- Rapid bulk removal required

2. Deep Periodontal Pockets (>5 mm)

- Chronic periodontitis cases
- Furcation areas
- Deep narrow pockets

3. Generalized Moderate to Severe Periodontitis

- When full-mouth debridement is required
- Multiple quadrants involved
- Need for quicker treatment (e.g., full-mouth disinfection protocols)

4. Areas Difficult to Access with Hand Instruments

- Furcation involvements
- Root concavities
- Developmental grooves
- Crowded teeth

5. During Initial Phase (Phase I Therapy)

- For rapid microbial load reduction
- To disrupt biofilm efficiently
- Ultrasonics remove:
 - Calculus
 - Biofilm
 - Endotoxins (via lavage effect)

6. Patients with Limited Mouth Opening

- TMJ problems
- Trismus

7. Operator Fatigue / Ergonomic Considerations

- Long appointments
- Prevention of hand strain

8. Implant Maintenance (With Special Tips)

- Plastic/carbon fiber tips
 - Titanium-compatible tips
- For peri-implant mucositis or peri-implant maintenance.

CONTRAINDICATIONS FOR POWERED INSTRUMENTATION

• **Communicable disease.** Individuals with communicable diseases that can be disseminated by aerosols (e.g., hepatitis, tuberculosis, respiratory infections).

• **High susceptibility to infection.** Individuals with a high susceptibility to opportunistic infection that can be transmitted by contaminated dental unit water or inhaled aerosols, such as patient with immunosuppression from disease or chemotherapy, uncontrolled diabetics, patients with organ transplants, and debilitated individuals with chronic medical conditions.

• **Respiratory risk.** Individuals with respiratory disease or difficulty in breathing (e.g., history of emphysema, cystic fibrosis, asthma; history of cardiac disease with secondary pulmonary disease or breathing problem). The patient would have a high infection risk if he or she were to aspirate septic material or microorganisms from dental plaque into the lungs.

• **Unshielded cardiac pacemaker.** The American Academy of Periodontology recommends that dental healthcare workers avoid exposing patients with cardiac pacemakers to magnetostrictive devices. Piezoelectric ultrasonic devices do not interfere with pacemaker functioning.

• **Difficulty in swallowing or prone to gagging.** Individuals with multiple sclerosis, amyotrophic lateral sclerosis, muscular dystrophy, or paralysis may experience difficulty in swallowing or be prone to gagging.

• **Age.** Primary and newly erupted teeth of young children have large pulp chambers that are more susceptible to damage from the vibrations and heat produced by ultrasonic instrumentation.

• **Oral conditions.** Avoid contact of instrument tip with hypersensitive teeth, porcelain crowns, composite resin restorations, demineralized enamel surfaces, or exposed dentinal surfaces. Not for use with titanium implants, unless the working-end of the powered instrument is covered with a specially designed plastic sleeve.

Preventive Measures for Powered Instrumentation

1. Whenever powered instrumentation is used, the following steps should be followed: (a) barrier protection, (b) high-volume evacuation, and (c) preprocedural rinsing. Each of these adds a layer of protection for the clinician and others in the dental office. However, aerosols stay airborne after the procedure; therefore, the risk of contamination continues long after the procedure is over.

2. Using a preprocedural rinse such as chlorhexidine or an essential oil mouthwash for approximately 1 minute prior to the beginning of treatment lowers the bacterial content of aerosols during powered instrumentation. A preprocedural rinse, however, will not affect blood coming from the operative site or viruses coming from the respiratory tract. Using a preprocedural rinse should not be relied on to prevent airborne contamination.

3. The use of a high-volume evacuator (HVE) has been shown to universally reduce airborne contamination by 90% to 98%. Using an HVE is a mandatory infection control precaution during the use of an ultrasonic scaler.

Comparison of Powered and Hand Instrumentation

Electronically Powered Instrumentation	Hand Instrumentation
<ul style="list-style-type: none"> • Several mechanisms of action: mechanical, water irrigation, acoustic microstreaming, and cavitation • Small size of instrument tip (0.3–0.55 mm) • Easily inserted in pocket with minimal distention (stretching) of pocket wall away from the tooth • Powered instrument tip can remove calculus deposit from above; working in an apical direction beginning at the gingival margin and moving toward the junctional epithelium • Tissue trauma less likely, resulting in a faster healing rate • No cutting edges to sharpen • Treatment outcomes dependent on the clinician's skill level with powered instrumentation and knowledge of root anatomy • High levels of aerosol production 	<ul style="list-style-type: none"> • One mechanism of action: mechanical calculus removal • Larger size working-ends (0.76–1.0 mm) • Must be positioned apical to deposit, resulting in considerable distention of pocket wall • Curet must be positioned beneath the deposit for removal; working in a coronal direction beginning at the junctional epithelium and moving toward the gingival margin • Larger working-end with sharp cutting edge(s) more likely to cause tissue trauma • Frequent sharpening required • Treatment outcomes dependent on the clinician's skill level with hand instrumentation and knowledge of root anatomy • Low levels of splatter production

Parts of the Ultrasonic Handpiece and Tips

- **Handpiece:** Houses the tip, contains internal mechanism (magnetostrictive rod or piezoelectric crystals), and connects to water line.
- **Water port:** Cools tip and flushes debris
- **Power control & mode selector:** Adjust frequency/amplitude

Clinical point: Selecting the **right tip** ensures effective cleaning and reduces tissue trauma.

2. Handpiece Handling and Angulation

- Hold like a **pencil** for precision.
- Maintain **light grip** to avoid fatigue and excessive pressure.
- **Tip angulation:** 0–15° to the tooth surface for most surfaces.
- Adapt tip **to tooth contours:** curved surfaces, line angles, proximal surfaces.

3. Tip Motion and Pressure

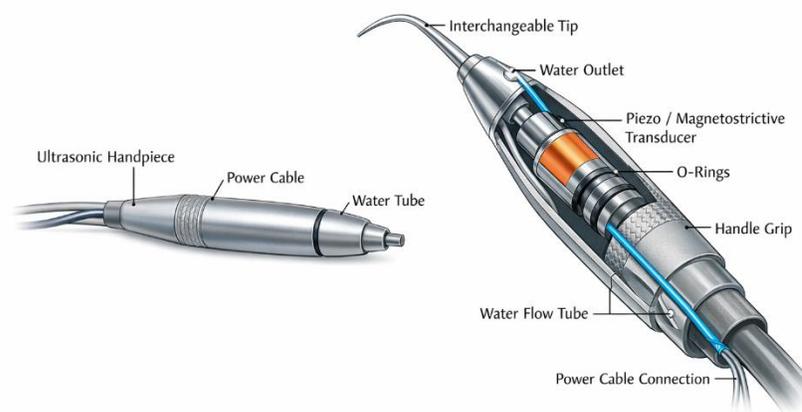
- **Motion types:**
 - **Vertical (up-down):** Supragingival surfaces
 - **Horizontal (side-to-side):** Interproximal areas
 - **Circular:** Broad surfaces or heavy calculus
- **Controlled pressure:** Light to moderate; excessive force → tissue trauma, root surface damage.

Rule of thumb: Tip **should never “dig” into tooth**; ultrasonic does most of the work via vibration.

4. Water Flow, Power Settings, and Patient Comfort

- **Water:** Keeps tip cool, flushes debris, prevents heat damage
- **Power:** Low to medium for light deposits; high for heavy calculus
- **Patient comfort:** Adjust water spray and power, explain procedure, suction efficiently
- **Ergonomics:** Maintain proper posture, avoid wrist strain, and ensure proper seating of patient.

Parts of the Ultrasonic Handpiece



POLISHING

Polishing is the procedure of removing **plaque, soft deposits, and extrinsic stains** from the tooth surface after scaling and root planing.

INDICATIONS FOR CORONAL POLISHING

Coronal polishing is indicated to improve the aesthetic appearance of tooth surfaces that are visible when the patient smiles or engages in conversation. Selective polishing means that only those stained tooth surfaces that create an objectionable appearance are polished. Once selective polishing is completed, a topical fluoride treatment is recommended. Selective polishing stresses daily patient self-care for the removal of plaque biofilms.

- Debridement with hand or powered instruments is completed first. As much stain as possible is removed during periodontal debridement. Sonic and ultrasonic instruments are excellent for stain removal.
- The patient uses a toothbrush, dental floss, or other interdental aids to remove plaque biofilm. The clinician plays a supportive role by providing instruction and guidance to the patient.
- Each patient is evaluated individually to determine if cosmetic polishing is necessary.

CONTRAINDICATIONS FOR CORONAL POLISHING

1. Dental Contraindications for Rubber Cup and Air-Powder Polishing

a. Lack of Stain. Tooth surfaces that either have no extrinsic stain or have stains that are not visible when patient smiles or engages in conversation should not be polished.

b. Exposed Cementum or Dentin. Areas of exposed cementum or dentin should not be polished because polishing removes significant amounts of these structures. Polishing should be confined to stained enamel surfaces.

c. Restored Tooth Surfaces. Restorative materials are not as hard as enamel and, therefore, are scratched easily by the abrasive agent. Air-powder polishing should be avoided around most types of restorative materials due to the possibility of scratching, eroding, pitting, or margin leakage.

d. Newly Erupted Teeth. Since the mineralization of newly erupted teeth is incomplete, polishing should be avoided.

e. Implant Abutments. Titanium abutments should not be polished. The implant superstructure—prosthetic crown or denture—can be polished if needed for stain removal; however, stain-free superstructures should not be polished.

f. Powered Instrumentation Areas of Demineralization. Polishing removes small amounts of enamel; conservation of demineralized enamel surfaces is indicated. Polishing paste can render demineralized enamel so damaged that it is difficult or impossible to remineralize.

g. Gingiva that Is Enlarged, Soft, Spongy, or Bleeds Easily. Cosmetic polishing is not recommended for any patient with inflamed, enlarged, soft, spongy, or bleeding tissue. The abrasive particles can enter the sulcus or periodontal pocket, resulting in increased inflammation, and the action of the rotating cup can further traumatize the tissue. Cosmetic polishing should be scheduled for a separate appointment after tissue healing has occurred.

2. Systemic Contraindications for Rubber Cup and Air-Powder Polishing

a. Communicable Disease. Patient with a communicable disease that could be spread by the aerosols created when polishing.

b. Susceptibility to Infection. Patient with a high susceptibility to infection that can be transmitted by contaminated aerosols (individuals with respiratory or pulmonary disease or debilitated individuals).

3. Allergic Reactions.

Some individuals are very allergic to ingredients commonly found in polishing pastes, resulting in a polishing paste-induced gingivitis. Allergic reactions can occur to ingredients in toothpastes, mouthwashes, or chewing gum. These reactions are usually the result of a flavor additive or preservatives in the product. Flavor additives known to cause gingival reactions are cinnamon and carvone.

a. Occurrence of Allergic Reactions. Allergic reactions occur most commonly in patients who have a history of allergic conditions such as hay fever, allergic skin rashes, or asthma. Allergic patients seem to be particularly sensitive to the flavoring agent. The most closely guarded part of the formulation of toothpastes and mouthwashes is the flavoring agent, and this is usually the most allergenic component.

b. Clinical Manifestations. The clinical manifestations of allergy are a diffuse fiery red gingivitis sometimes with ulcerations .

PATIENT EDUCATION: POLISHING

Most adult patients are accustomed to having their teeth polished at the end of each “check-up” appointment. In fact, many adult patients mistakenly believe that the polishing procedure is the therapeutic part of an oral prophylaxis, rather than the periodontal instrumentation.

1. Education plays an important role in the patient’s understanding of cosmetic polishing. The rationale for selective polishing should be explained to patients. This explanation can be brief, covering several key points:

a. The patient must remove plaque biofilm on a daily basis because biofilm reforms within 24 hours after being removed.

b. Stain is not responsible for any problems in the mouth but can be removed to improve the appearance of the teeth.

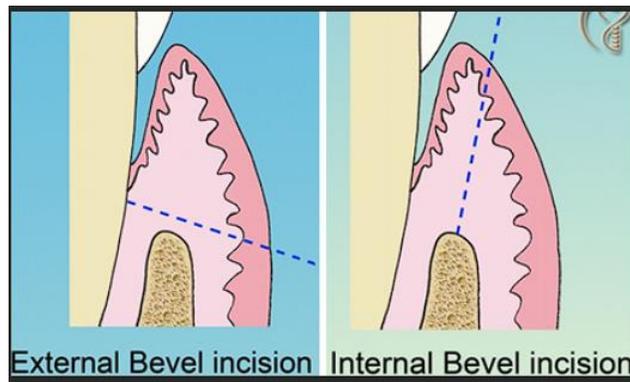
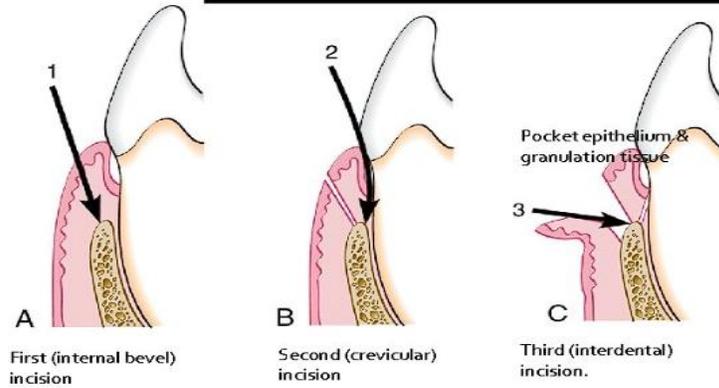
c. Polishing is a cosmetic procedure with no health benefits.

2. When patients understand the rationale for selective polishing, most are willing to do without or minimize polishing. In fact, many patients dislike the sensation of having their teeth polished or the taste of the gritty polishing paste. Some patients experience tooth sensitivity for several days after having their teeth polished.

Rubber Cup	<ul style="list-style-type: none"> Used with prophylaxis paste 	<ul style="list-style-type: none"> Applied with light intermittent pressure 	<ul style="list-style-type: none"> Ideal for routine polishing after scaling 	<ul style="list-style-type: none"> Safer for cervical areas
Polishing Brush	<ul style="list-style-type: none"> Effective for stubborn stains 	<ul style="list-style-type: none"> Best for occlusal surfaces 	<ul style="list-style-type: none"> Avoid using close to gingival margin 	<ul style="list-style-type: none"> Use with caution to prevent enamel abrasion

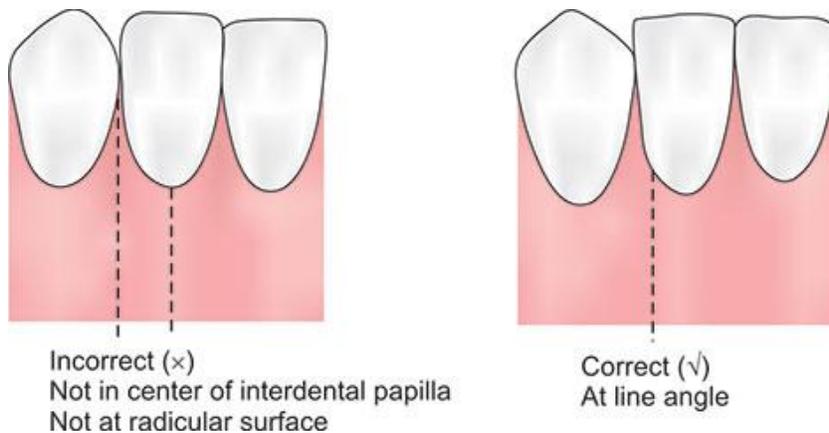
ANNEXURE 9: (For Clinical Session 9)

Horizontal Incisions:



Vertical Incisions

• Releasing incisions



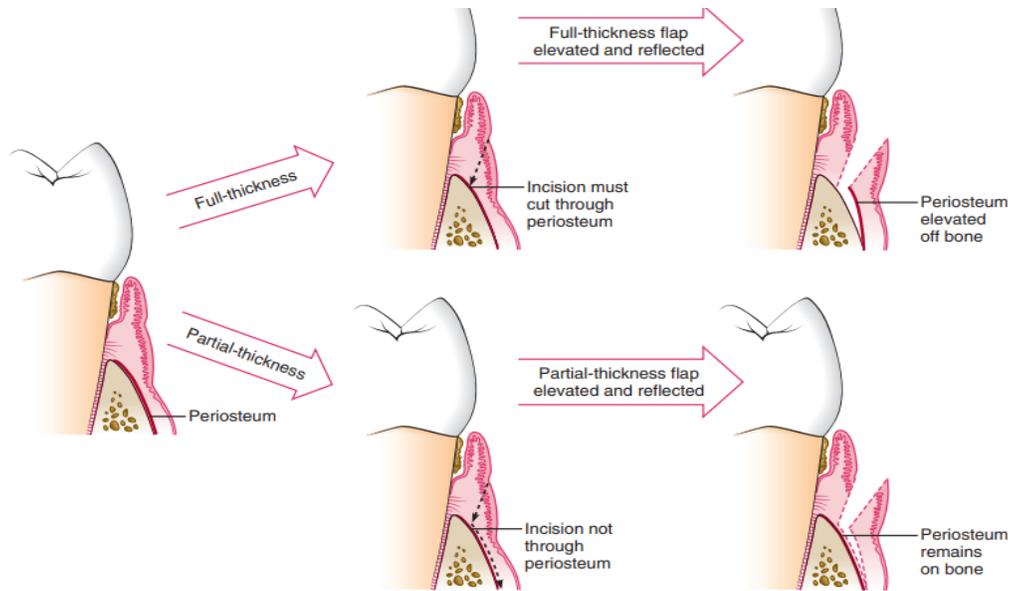
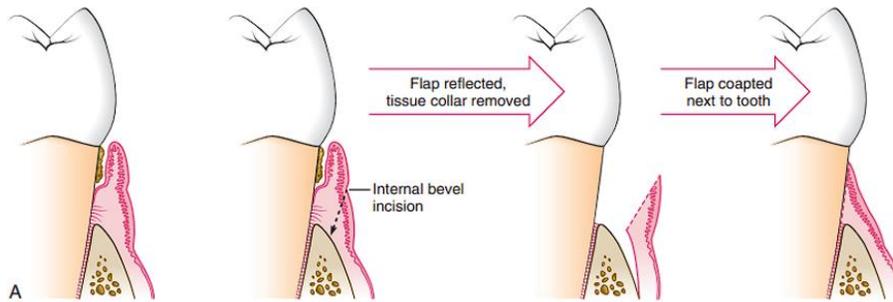
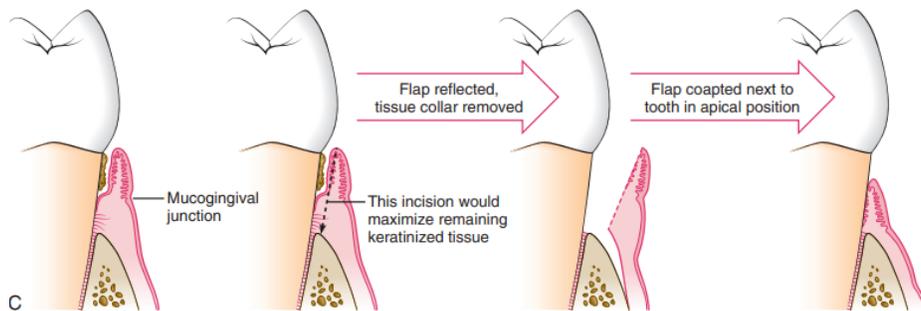


Fig. 60.9 In full-thickness flap elevation, the periosteum is elevated off the bone by blunt dissection. In partial-thickness flap elevation, the flap is split by sharp dissection to leave the periosteum and connective tissue intact over the bone.

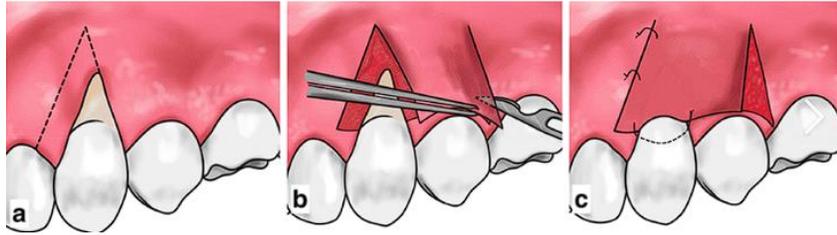
Non-displaced flap



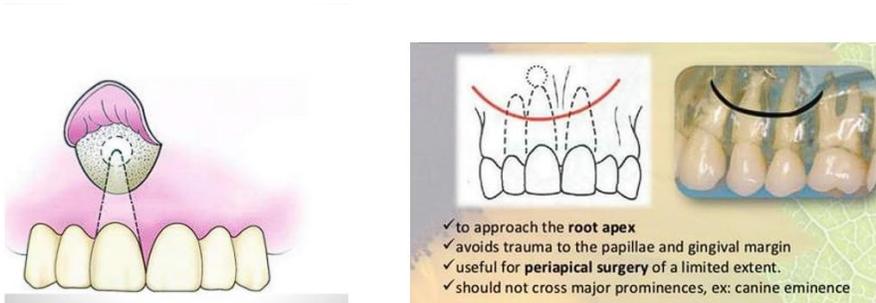
Apically displaced flap



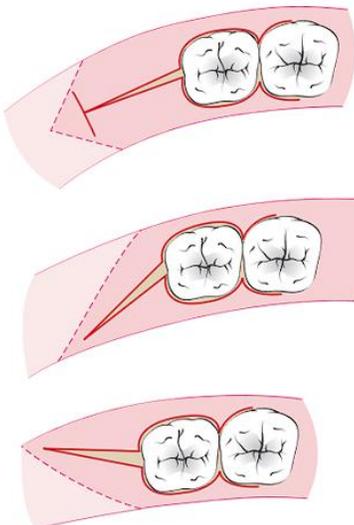
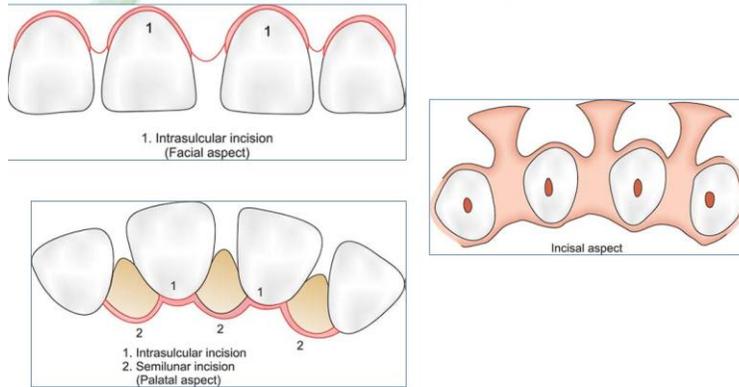
LATERALLY DISPLACED FLAP



SEMILUNAR FLAP



PAPILLA PRESERVATION FLAP



**Distal
Terminal
Molar Flap
Maxillary**

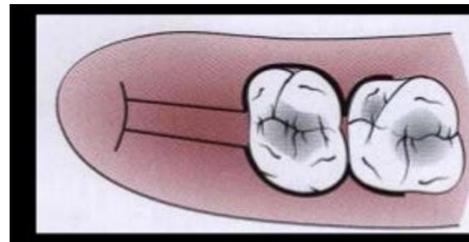


Fig. 60.23 Incision designs for surgical procedures distal to the mandibular second molar. The incision should follow the areas of greatest attached gingiva and underlying bone.