



Republic of the Philippines
UNIVERSITY OF RIZAL SYSTEM
Province of Rizal
MEDICAL – DENTAL UNIT

INDIVIDUAL DENTAL HEALTH RECORD

Campus _____

Name: _____

Last

First

M.I.

College / Dept. _____ Course/Grade/Yr/Section: _____ Student/Employee No. _____

Date of Birth: _____ Civil Status: _____ Sex: _____

Address: _____

RIGHT

OPERATION
CONDITION

(LABIO BUCCAL)

55	54	53	52	51	61	62	63	64	65

LEFT

UPPER

OPERATION
CONDITION

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28

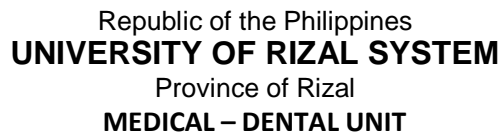
LOWER

CONDITION
OPERATION

48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
85	84	83	82	81	71	72	73	74	75						

(LABIO BUCCAL)

YEAR												
DATE of EXAMINATION												
AGE LAST BIRTHDAY												
PRESENCE OF ORAL DEBRIS / STAINS / CALCULUS												
PRESENCE OF GINGIVITIS and/or PERIODONTIS												
PRESENCE OF PERIODONTAL POCKETS												
PRESENCE OF DENTO-FACIAL ANOMALY												
USE TOOTHBRUSH												
TOOTH COUNT		D e c a y e d	T	P	T	P	T	P	T	P	T	P
CARIES INDICATED FOR FILING												
CARIES INDICATED FOR EXTRACTION												
ROOT FRAGMENT												
MISSING DUE TO CARIES			M	X		X		X		X		X
FILLED OR RESTORED		F										
TOTAL DMF & df												
FLUORIDE APPLICATION												

[illegible]