



UNIVERSITY OF THE PHILIPPINES MANILA
College of Dentistry
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**DEPARTMENT OF CLINICAL DENTAL HEALTH SCIENCES
 DENTAL EXAM FORM FOR UP MANILA STUDENTS**

Year Level for the coming school year: 1st year ___ 2nd year and up ___ Graduate Student ___

Name: _____ Age: _____ Sex: _____
 Surname First Name M.I.

Birth date: _____ College: _____
 Contact no: _____ Email: _____

Person to Notify in Case of Emergency

Full Name: _____ Relationship: _____ Contact no.: _____

DENTAL HISTORY:

Date of last visit: _____
 Procedures done on last visit: _____
 Frequency of dental visit: _____
 Exposure and response to local anesthesia: _____
 Complications during and or after dental procedure: _____

SOFT TISSUE EXAMINATION: Indicate lesions on drawings, describe and date:
 Write WNL if within normal limits



HEAD, NECK & TMJ	LIPS/ FRENUM
MUCOSA	PALATE
PHARYNX	FLOOR OF THE MOUTH
TONGUE	LYMPH NODES
SALIVARY GLAND	GINGIVA

DENTAL STATUS CHART: Fill up according to the code given

Adult Chart:

Date:

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
UPPER RIGHT																
UPPER LEFT																
LOWER RIGHT																
LOWER LEFT																
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Date:

In the diagram of the tooth surfaces, indicate the ff:

- Red Ink - Caries
- Blue Ink - Restoration

Indicate the following on the boxes provided above:

- Red Ink:
 - - restorable
 - / - non-restorable
- Green Ink:
 - recurrent caries

Black or Blue Ink:

- | | | | |
|--------|--------------------------------------|-------|----------------------------|
| Am | - Amalgam | RCT | - Root Canal Treatment |
| Co | - Composite | PFS | - Pit and Fissure Sealants |
| GI | - Glass Ionomer | X | - Extracted |
| GF | - Temporary Filling | M | - Missing |
| CD | - Complete Denture | UE | - Unerupted |
| SD | - Single Denture | IMP | - Impacted |
| RPD | - Removable Partial Denture | PFM | - Porcelain Fused to Metal |
| ↓ or ↑ | - Extrusion or Intrusion | C (A) | - Acrylic Crown |
| ↶ or ↷ | - Mesial or Distal Drifting Rotation | C (M) | - Metal Crown |
| ↻ | - Rotation | C (P) | - Porcelain Crown |
| PCC | - Post Core Crown | | |
| * | - Others: _____ | | |

CERTIFICATION OF DENTAL EXAMINATION

This is to certify that _____
 had his/her/their dental examination and the following dental treatment has to be done:

Please check services that are needed by the student

Periodontics

- Management of Gingival/Periodontal Disease

Operative Dentistry

- | | | |
|------------------------------------|---------|-------|
| <input type="checkbox"/> Class I | Tooth # | _____ |
| | | _____ |
| | | _____ |
| <input type="checkbox"/> Class II. | | _____ |
| | | _____ |
| | | _____ |
| <input type="checkbox"/> Class III | | _____ |
| | | _____ |
| | | _____ |
| <input type="checkbox"/> Class IV | | _____ |
| | | _____ |
| | | _____ |
| <input type="checkbox"/> Class V. | | _____ |
| | | _____ |
| <input type="checkbox"/> Onlay | | _____ |

Surgery

- Extraction. _____
- Odontectomy. _____
- Pathological case _____
(specify)
- Orthodontics

Fixed Partial Dentures

- | | | |
|---------------------------------------------|---------|-------|
| <input type="checkbox"/> Laminates/Veneers. | Tooth # | _____ |
| <input type="checkbox"/> Single Crown | | _____ |
| | | _____ |
| <input type="checkbox"/> Bridge | | _____ |

Endodontics:

- | | | |
|------------------------------------|---------|-------|
| <input type="checkbox"/> Anterior | Tooth # | _____ |
| | | _____ |
| | | _____ |
| <input type="checkbox"/> Posterior | | _____ |
| | | _____ |
| | | _____ |

Prosthodontics

- Complete Denture
- Single Denture
- Removable Partial Denture
- Other Denture Services

Please check if Student is currently undergoing treatment (please specify)

Please check if Student has been cleared from any dental hard and soft tissue diseases

CLASSIFICATION: Please tick

Physically fit for study	Allowed to enroll but requires periodic follow up at the UPHS
With correctible defects but otherwise fit for study	Not physically fit for study

Dentist's printed name and signature: _____ Date: _____

PRC NUMBER: _____