

# UNIVERSITY OF THE PHILIPPINES MANILA

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### DEPARTMENT OF CLINICAL DENTAL HEALTH SCIENCES DENTAL EXAM FORM FOR UP MANILA STUDENTS

Year Level for the coming school year: 1<sup>st</sup> year \_\_\_\_ 2<sup>nd</sup> year and up\_\_\_ Graduate Student\_\_

Name:	Surname	First Name	M.I.	Age:	_	Sex:		
Birth date: Contact no:			College: Email:					
Full Name:		Person to Notify Relationship: _	•	-		no.:	 	
DENTAL HISTORY:								
Date of last visit: Procedures done of								
Frequency of denta								
Exposure and respo								

Complications during and or after dental procedure:

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







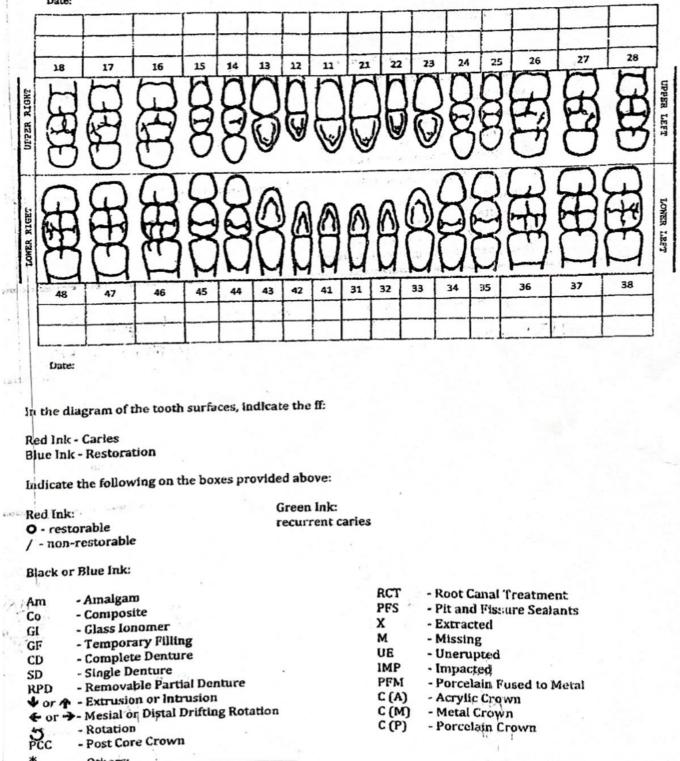


HEAD, NECK & TMJ	LIPS/ FRENUM
MUCOSA	PALATE
PHARYNX	FLOOR OF THE MOUTH
TONGUE	LYMPH NODES
SALIVARY GLAND	GINGIVA

#### DENTAL STATUS CHART: Fill up according to the code given

#### Adult Chart:

#### Date:



- 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

Operative Dentistry       Tooth #         Class I		odontics ❑ Management of Gingival/Periodontal Disease						
Class I	Ope			Fixed F	Partial Dentures	T		
Class II.       Endodontics:       Tooth #         Class III       Posterior       Image: Class V.         Class IV       Posterior       Image: Class V.         Class V.       Image: Class V.       Image: Class V.         Onlay       Prosthodontics       Image: Class V.         Onlay       Image: Class V.       Image: Class V.         Image: Class V.       Image: Class V.       Image: Class V.         Image: Class V.       Image: Class V.       Image: Class V.         Image: Class V.       Image: Class V.       Image: Class V.         Image: Class V.       Image: Class V.       Image: Class V.         Image: Class V.       Image: Class V.       Image: Class V.         Image: Class V.       Image: Class V.       Image: Class V.         Image: Class V.       Image: Class V.       Image: Class V.         Image: Class V. </td <td>I</td> <td></td> <td></td> <td>I =</td> <td></td> <td>I ooth #</td>	I			I =		I ooth #		
Class III Class IV Class IV Class V. Prosthodontics Complete Denture Class V. Complete Denture Complete Den	I	□ Class II.			-			
Class IV	I	□ Class III			Anterior	Tooth #		
Onlay       Prosthodontics         Surgery       Complete Denture         Extraction.       Complete Denture         Odontectomy.       Removable Partial Denture         Pathological case       Other Denture Services         (specify)       Othodontics         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	I	□ Class IV	-		Posterior			
Surgery       Prosthodontics         Extraction.       Complete Denture         Odontectomy.       Removable Partial Denture         Pathological case       Other Denture Services         Orthodontics       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	I	□ Class V						
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	Surg [ [	ery  Extraction. Odontectomy. Pathological case (specify)	_		Complete Denture Single Denture Removable Partial Den			
CLASSIFICATION: Please tick         Physically fit for study       Allowed to enroll but requires periodic follow up at the UPHS	[	Please check if Student is currently und	ergo	ing treat	ment (please specify)			
Physically fit for study Allowed to enroll but requires periodic follow up at the UPHS			ed fro	om any d	ental hard and soft tissu	e diseases		
					o enroll but requires periodi	c follow up at the		

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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	e: Date:
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PRC NUMBER: \_\_\_\_\_