

Hygiene Treatment Summary

Patient Name: _____

Medical Alert: _____

Date: _____ HHU: _____ BP: _____ Pre-Med Taken: _____

I/E Exam: _____ Perio Case Type: 0 I II III IV V

Etiology: Plaque 0 L M H Sub Calc 0 L M H Pt. Motivation E G F P OHI Rx: DF TB PA RT PB SB HF Oth
BOS 0 L M H Supra Calc 0 L M H Pt. Skills E G F P Habits: _____
BOP 0 L M H Tiss. Desc.: _____ Shade: _____
Stain 0 L M H _____

Services Rendered: Exam FMP AP CP Fl. IT SRP Re✓ SPT Laser _____
FMX _____ BWX _____ PA's _____ Pano _____ OH Status: _____ (comments)

Disclosed: Y N Irrigation: Y N Ultrasonic: Y N IOC Exam: Y N Pamphlet Given: _____

Anesthetic: UR LR UL LL _____ Injections: IA B M PSA MSA ASA GP IP

Discussed perio etiology Informed Pt. of perio status As evidenced by: Perio Chart X-rays Home Care Reinforced previous discussions

Comments: _____

Next Visit: AP CP Fl. SRP _____ Re✓ SPT: 2m 3m 4m 6m Laser CE PE BWX FMX Pano Clinician / Lic. #: _____ /

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