

Republic of Yemen

Emirates International University

Faculty of Medicine



الجمهورية اليمنية

الجامعة الإماراتية الدولية

كلية الطب والعلوم الصحية

Operative case sheet 2018-2019

Patient's name:

Personal history: 1- age 2- sex 3- nationality

4-address:.....

..1) Chief complaint:

2) History of chief complaint:

- Onset: - Duration: - nature:

- Severity: - relieving factors:

- increasing factor; - site localized radiated

3) Medical history:

4) past dental history:

5) investigation:

6) diagnosis:



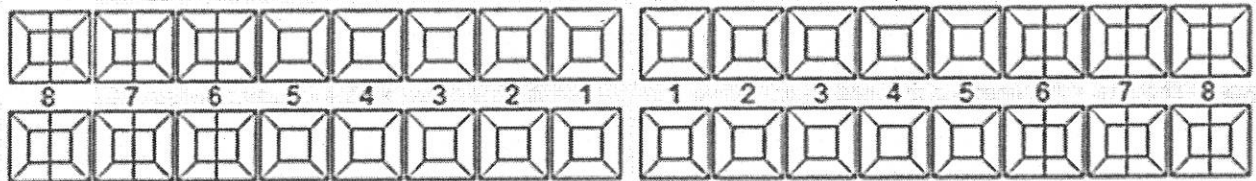


7) treatment plan:

.....

18

28



48

38

Tooth and site	
Cavity preparation class	
Lining	
Filling	

Student name:

date: / /201

Assistant's name:

Starting signature:

Grade:

Starting signature:



EMIRATES
INTERNATIONAL
UNIVERSITY

"Dental Record chart"

Name of patient: _____ Age: _____

Gender: _____ parent Occupation: _____

Address : _____ Tel No. _____

* Chief complain:

*medical Hitory:

*Dental Hitory:

*Extra Oral Examination

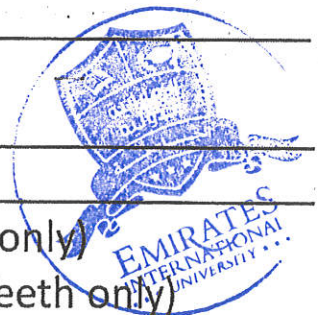
*Intra Oral Examination

Soft tissues _____

Dental Hard Tissue

dmf/d =decay ,m=missing &f=filled(For Primary Teeth only)

DMF/D =Decay ,M=missing &F=filled(For Permanent Teeth only)



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Dental Hard Tissues

R

L

E D C B A A B C D E

E D C B A A B C D E

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

dmf =

DMF =

Diagnosis _____

Treatment Plane _____

Starting	Treatment	Next visit	Super voicer Signature

Periodontics case sheet

Patient's name:

Personal history: 1- age 2- sex 3- nationality

4-address:..... 5- occupation:

1) Chief complaint:

Bleeding <input type="radio"/>	Pain <input type="radio"/>	Dry mouth <input type="radio"/>	Halitosis <input type="radio"/>
Unpleasant taste <input type="radio"/>	Mobility <input type="radio"/>	Migration teeth <input type="radio"/>	hypersensitivity
Altered gingival appearance <input type="radio"/>			others

3) Medical history:

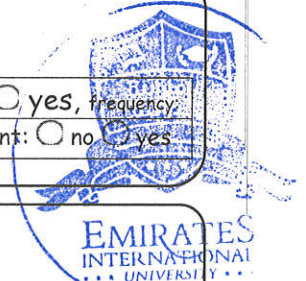
Sensitivity & abnormal reaction to: <input type="radio"/> local anesthesia <input type="radio"/> penicillin <input type="radio"/> other:	
<input type="radio"/> Acquired &/ or congenital heart disease	<input type="radio"/> Hypotension
<input type="radio"/> Hypertension	<input type="radio"/> Infections disease
<input type="radio"/> Diabetes mellitus	Renal failure , dialysis & transplantation <input type="radio"/>
Intake of medication: <input type="radio"/> no <input type="radio"/> yes: names of drugs:	
<u>Female only:</u> <input type="radio"/> pregnancy <input type="radio"/> breast feeding <input type="radio"/> menopause <input type="radio"/> others	

4) past dental history:

Visit to dentist: <input type="radio"/> regular <input type="radio"/> irregular	Tooth brushing: <input type="radio"/> no <input type="radio"/> yes, frequency:
Interdental aides: <input type="radio"/> no <input type="radio"/> yes	Previous periodontal treatment: <input type="radio"/> no <input type="radio"/> yes

5) habits:

Smoking: <input type="radio"/> no <input type="radio"/> yes, frequency:	Chewing qat (chewing side): <input type="radio"/> right <input type="radio"/> left
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PERIODONTAL CHART

Date

Patient Last Name

First Name

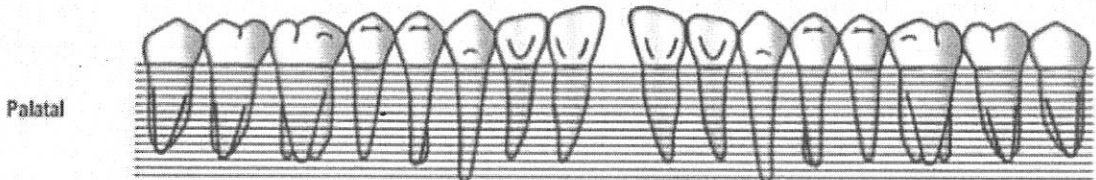
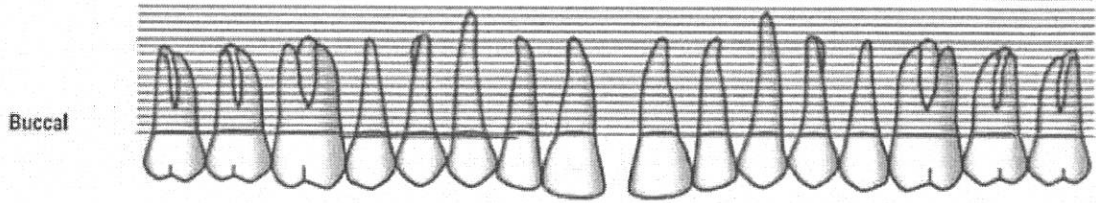
Date Of Birth

Initial Exam

Reevaluation

Clinician

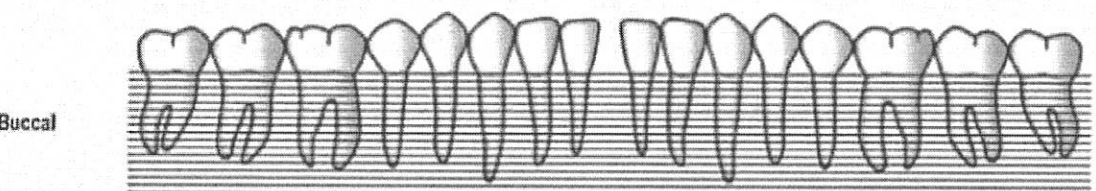
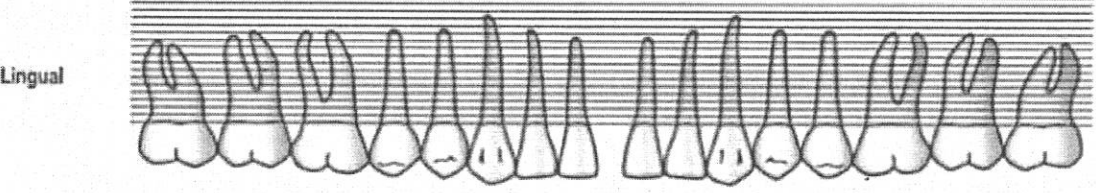
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Mobility																
Implant																
Furcation																
Bleeding on Probing																
Plaque																
Gingival Margin																
Probing Depth																



	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Gingival Margin																
Probing Depth																
Plaque																
Bleeding on Probing																
Furcation																
Note																

0% Plaque 0% Bleeding on Probing

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Note																
Furcation																
Bleeding on Probing																
Plaque																
Gingival Margin																
Probing Depth																



	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Gingival Margin																
Probing Depth																
Plaque																
Bleeding on Probing																
Furcation																
Implant																
Mobility																

6 Periodontitis staging system:

Stage I	PD > 3mm, CAL ≥ 2mm, ABL ≥ 15%, No furcation, No mobility
Stage II	PD 3–5 mm, CAL 3 – 4 mm, ABL ≤ 33%, No furcation, No mobility
Stage III	PD > 6mm, CAL ≥ 5mm, ABL ≤ 60%, I-II Furcation, 1 -2 mobility
Stage IV	PD > 6mm, CAL ≥ 5mm, ABL > 60%, III Furcation, 3 – 4 mobility

7 Pocket depth (PD), Clinical attachment loss (CAL), Alveolar bone loss (ABL)
Grade of the disease :

Grade A	Slowly progressive, Non smoker, Non diabetic, ABL/Age ≤ 0.25
Grade B	Moderately progressing, Smoker < 10 cigarette, Diabetic HbA1c=7, ABL/Age 0.5 - 1
Grade C	Rapidly progressing, Smoker > 10 cigarette, Diabetic HbA1c >7, ABL/Age ≤ 0.25 >1

8) treatment plan:

- Oral hygiene instruction & motivation ○
- Scaling & polish ○

Student name: date: / /201

Assistant's name:

Starting signature:

Grade:

Ending

1st visit

2nd visit

3rd visit

4th visit



Infection Control Form

Student's Name:	Grade:
Patient's Name:	Signature:

1. Personal Protective Equipment (PPE)

- Closed clean Lap Coat Face Musk Disposable Gown (Surgery)
- Latex Gloves Protective Shoes Overhead & overshoes (Surgery)
- Short Nails No Finger Rings

2. Dental Chair Protective Equipment

- Dental Wrapping Chair Napkin Spoils Cup
- Aire Suction Disposable cup

3. Patient's Protective Equipment

- Patient's Napkin Overhead & overshoes (Surgery) Disposable Gown (Surgery)

4. Post Clinical Prosedures

- Dental Chair unwrapping Clean Sink
- Aire Suction was removed Clean Tray

😊 Use safe work practices to protect yourself and limit the spread of contamination.

Republic of Yemen
Emirates Faculty of Dentistry
Conservative department

Endodontic Clinical Evaluation Sheet

Student name: Group: Date:

Patient name: Age: Sex: Address:
Tel. No.: Occupation:

I. SUBJECTIVE FINDINGS

1. Chief Complaint:

History of present illness:

Nature of pain: None Mild Moderate Severe
Quality: Dull Sharp Throbbing Constant
Onset: Stim Required Intermittent Spontaneous
Location: Localized Diffuse Referred Radiating to
Duration: Seconds Minutes Hours Constant
Initiated by: Cold Heat Sweet Spontaneous Palpation
Mastication: Supination Keeps awake at night
Relieved by: Cold Heat Analgesics

2. Past Dental History:

3. Significant Medical History and Family History:

II. OBJECTIVE SIGNS AND TESTS (include suspect and control teeth):

A. Extraoral Examination:

Facial swelling: Yes No IF yes is it? Fluctuant Semihard Hard
L. nodes swollen: Yes No

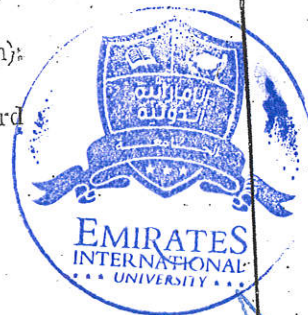
B. Intraoral Examination:

Soft tissues: WNL

Swelling: Yes No Location: _____

Sinus tract: Yes No

Clinical crown: Filling Caries Exposure Fracture



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C. Radiographic Findings:

Alveolar Bone: WNL. Apical lucency Lateral lucency AP/Lat opacity
 Crestal bone loss
 Lamina Dura: WNL. Obscure Broken Widened
 Roots: WNL. Curvature Resorption Dilaceration Fracture

D. DIAGNOSTIC TESTS:

Tooth NO.	Pocket depth	Mobility (Grade)	Cold (+ or -)	Hot (+ or -)	Percussion (+ or -)	Palpation (+ or -)	Test Cavity

III. Diagnosis:

Suspected tooth is.....

A. Pulp Status:

WNL

- Reversible Pulpitis
- Irreversible Pulpitis
- Necrosis

B. Periradicular Status:

WNL

- Acute Apical Periodontitis
- Chronic Apical Periodontitis
- Acute Apical Abscess
- Chronic Apical Abscess
- Condensing osteitis

Other:.....

IV. TREATMENT PLAN

Endodontic: ___ RCT ___ ReTX ___ Incision & Drainage ___ Apicotomy ___ Apexification/gnesis
 ___ perf/Resorption repair

Periodontic: ___ Surgery/Root planning ___ Crown lengthen ___ Root amputation ___ Hemisection

Restorative: ___ Temp ___ Screw post ___ post & core ___ build up ___ Bleach

Starting Signature: _____

Date	Tooth No.	Diagnosis	X-Ray	Signature

Date	IAF	W.L	R.p	X-Ray	Signature

Date	Instrum. Tech.	MAF	X-Ray	Signature

Date	Optura. Tech.	MAC	X-Ray	Signature

Date	Final Restoration	X-Ray	Signature

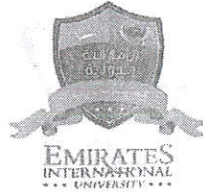


Note:

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.....

.....



case sheet

Patient's name:

Personal history: 1- age 2- sex 3- nationality

4-address:..... 5- occupation:

1) Chief complaint:

Bleeding <input type="checkbox"/>	Pain <input type="checkbox"/>	Dry mouth <input type="checkbox"/>	Halitosis <input type="checkbox"/>
Unpleasant taste <input type="checkbox"/>	Mobility <input type="checkbox"/>	Migration teeth <input type="checkbox"/>	hypersensitivity <input type="checkbox"/>
Altered gingival appearance <input type="checkbox"/>	others <input type="checkbox"/>		

2) Medical history:

Sensitivity & abnormal reaction to: <input type="checkbox"/> local anesthesia <input type="checkbox"/> penicillin <input type="checkbox"/> other:			
Acquired &/ or congenital heart disease <input type="checkbox"/>	Hypotension <input type="checkbox"/>		
Hypertension <input type="checkbox"/>	Infections disease <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	
Diabetes mellitus <input type="checkbox"/>	<input type="checkbox"/> Renal failure , dialysis & transplantation		
Intake of medication: <input type="checkbox"/> no <input type="checkbox"/> yes:names of drugs:			
Female only: <input type="checkbox"/> pregnancy <input type="checkbox"/> breast feeding <input type="checkbox"/> menopause <input type="checkbox"/> others			

3) past dental history:

Visit to dentist: <input type="checkbox"/> regular <input type="checkbox"/> irregular	Tooth brushing: <input type="checkbox"/> no <input type="checkbox"/> yes, frequency:
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4) habits:

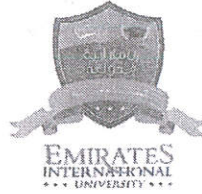
Smoking: <input type="checkbox"/> no <input type="checkbox"/> yes, frequency:	Chewing qat (chewing side): <input type="checkbox"/> right <input type="checkbox"/> left
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5) investigation:.....

6) diagnosis:.....

7) treatment plan:.....





For periodontics

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28		
<i>Turcation Involvement</i>																		
<i>Mobility</i>																		
<i>Recession</i>																		
<i>Clinical Attachment loss</i>																		<i>Palatal</i> <i>Medial</i> <i>Distal</i>
<i>Pocket Depth</i>																		<i>Palatal</i> <i>Medial</i> <i>Distal</i> <i>Lingual</i>
<i>Palatal</i>																		<i>Palatal</i>
<i>Lingual</i>																		<i>Lingual</i>
<i>Pocket Depth</i>																		<i>Palatal</i> <i>Medial</i> <i>Distal</i> <i>Lingual</i>
<i>Clinical Attachment loss</i>																		
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<i>Turcation Involvement</i>																		
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28		

For operative

Nu.	Tooth number & site	cavity preparation	Liner type	Filling material

For surgery

Nu.	Tooth number & site	Diagnosis

Starting signature



Ending signature