Dentyaan

Dental case sheet

With an FDI teeth chart and treatment consent

Clinic: _____

Doctor: _____

Phone: _____

Name _____ **Age** _____ **Sex** _____ **OP number** _____

Mobile _____ **Address** _____ **Date** _____

ABHA number (if any) _____ **Referred by** _____

Medical history

☐ Diabetes ☐ High BP ☐ Heart disease ☐ Asthma ☐ Thyroid ☐ Bleeding problems ☐ Epilepsy
☐ Pregnant ☐ Breastfeeding

☐ Blood thinners ☐ Allergy to medicines ☐ Tobacco / gutka ☐ Areca nut ☐ Smoking ☐ Alcohol

Current medicines _____ **Allergies** _____

Chief complaint

Examination

Patient's right — Upper — Patient's left

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
			55	54	53	52	51	61	62	63	64	65			
			85	84	83	82	81	71	72	73	74	75			
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Lower

FDI tooth numbers. Mark findings in each box, for example C (caries), M (missing), F (filled), RCT, Cr (crown), X (to extract), Mob (mobile).

Soft tissues, gums, oral cancer check _____ **Oral hygiene: good / fair / poor** _____

X-rays (IOPA / OPG / CBCT) _____ **Diagnosis** _____

Treatment plan

Tooth	Treatment	Sittings	Fee (Rs)	Next visit

Consent

The treatment, its benefits, risks, other options and the fee have been explained to me in a language I understand, and my questions were answered. I agree to the treatment above. I agree that the clinic keeps my record and may remind me about visits by phone or WhatsApp.

Patient or guardian signature _____ **Relationship (if guardian)** _____ **Doctor signature** _____