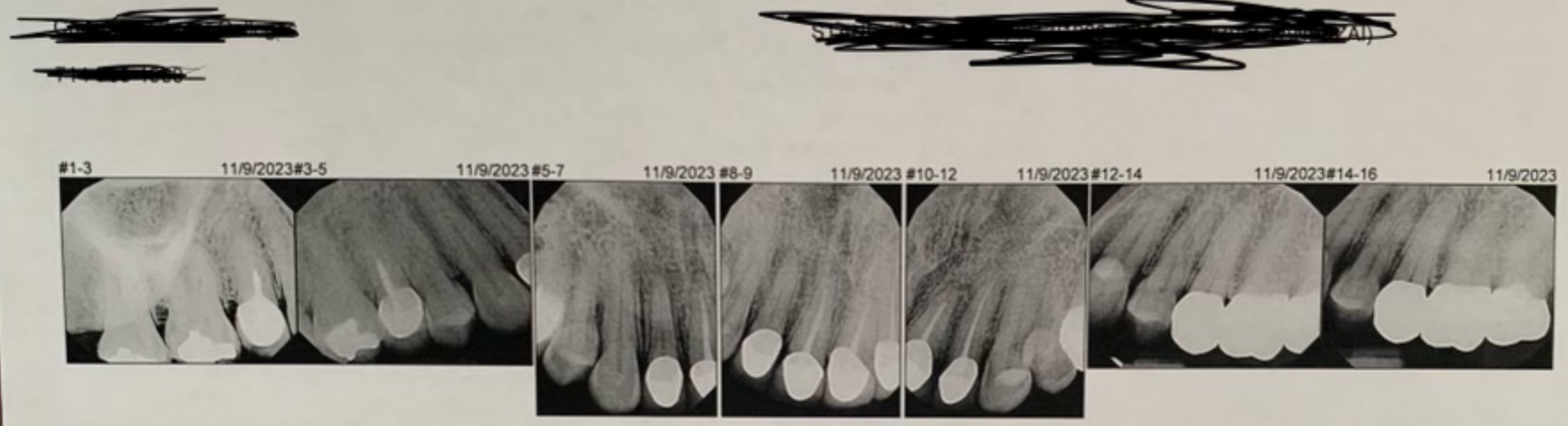
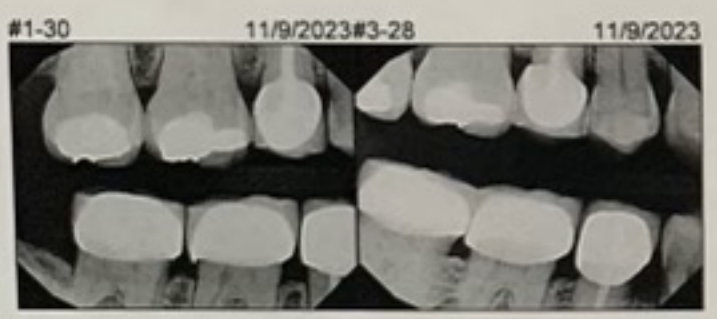
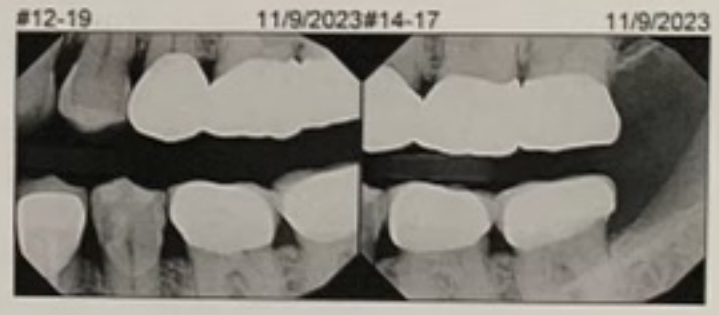
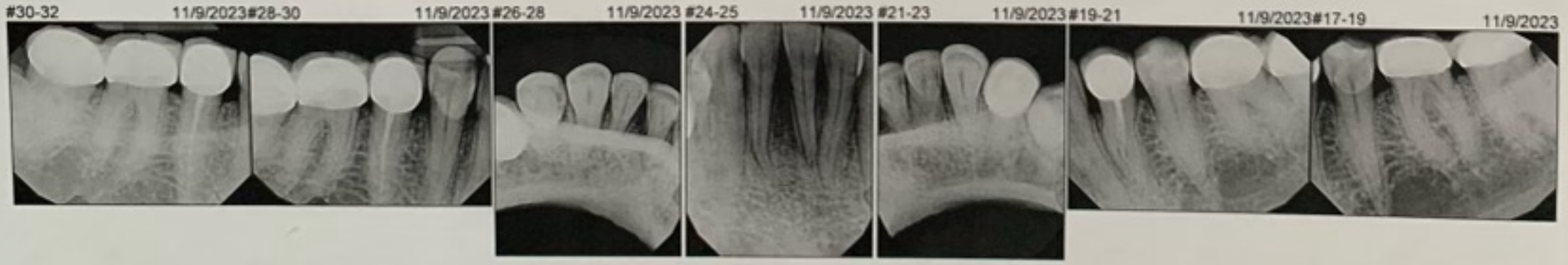
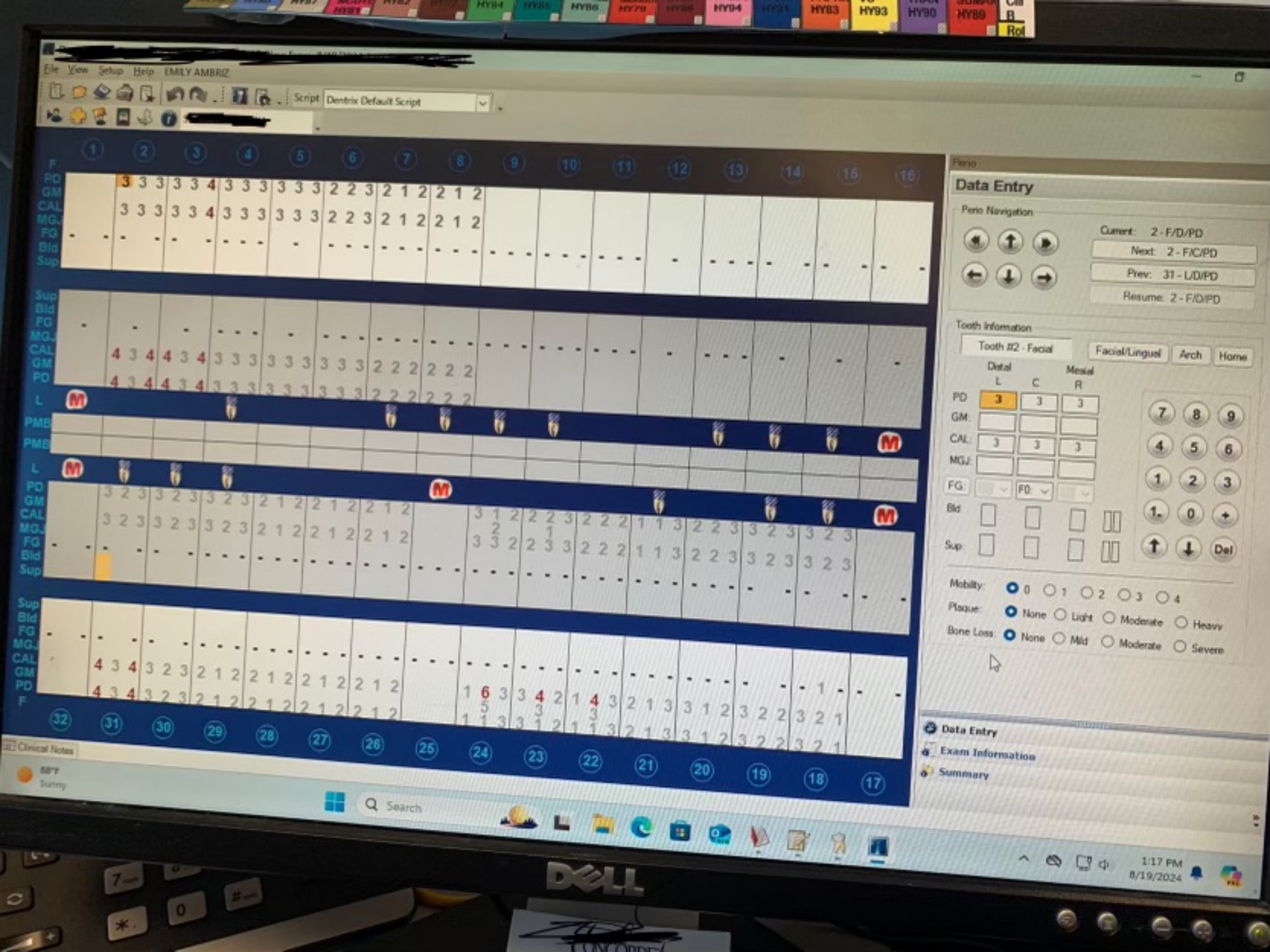

#1-3
11/9/2023#3-5
11/9/2023
#5-7
11/9/2023
#8-9
11/9/2023
#10-12
11/9/2023
#12-14
11/9/2023#14-16
11/9/2023


#1-30
11/9/2023#3-28
11/9/2023


#12-19
11/9/2023#14-17
11/9/2023


#30-32
11/9/2023#28-30
11/9/2023
#26-28
11/9/2023
#24-25
11/9/2023
#21-23
11/9/2023
#19-21
11/9/2023#17-19
11/9/2023


File View Setup Help EMILY AMBRIZ
Script Dentrix Default Script
Perio
Data Entry
Perio Navigation
Current: 2 - F/D/PD
Next: 2 - F/C/PD
Prev: 31 - L/D/PD
Resume: 2 - F/D/PD
Tooth Information
Tooth #2 - Facial
Facial/Lingual
Arch
Home
Distal
Mesial
L
C
R
PD
GM:
CAL:
MGJ:
FG:
Bld
Sup:
Mobility: 0 1 2 3 4
Plaque: None Light Moderate Heavy
Bone Loss: None Mild Moderate Severe
Data Entry
Exam Information
Summary
Clinical Notes
Search
1:17 PM
8/19/2024

Patient Name: [redacted] Date: 03/19/24

Student Name: [redacted] Date: 03/19/24

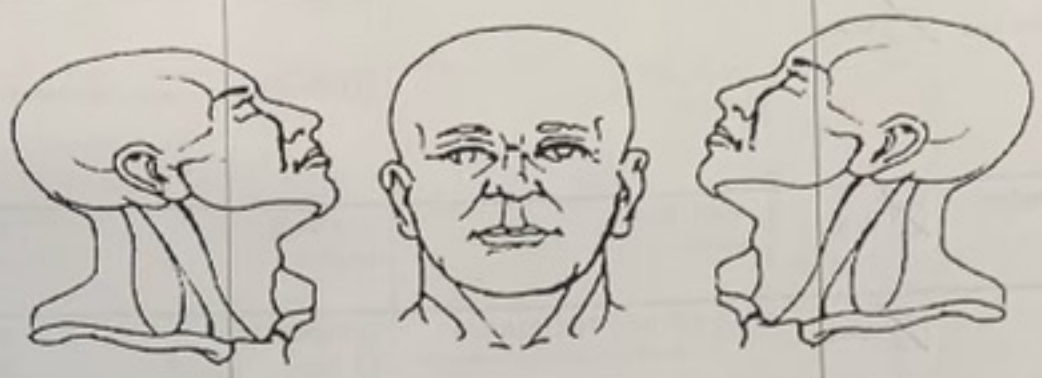
- If significant findings are present, provide the information that is requested
- If significant findings are **NOT** present:
  Check the WNL (Within Normal Limits) box (☐)
  The box is checked if BOTH the WNL box is checked and a significant finding

No Changes Since Last Appointment

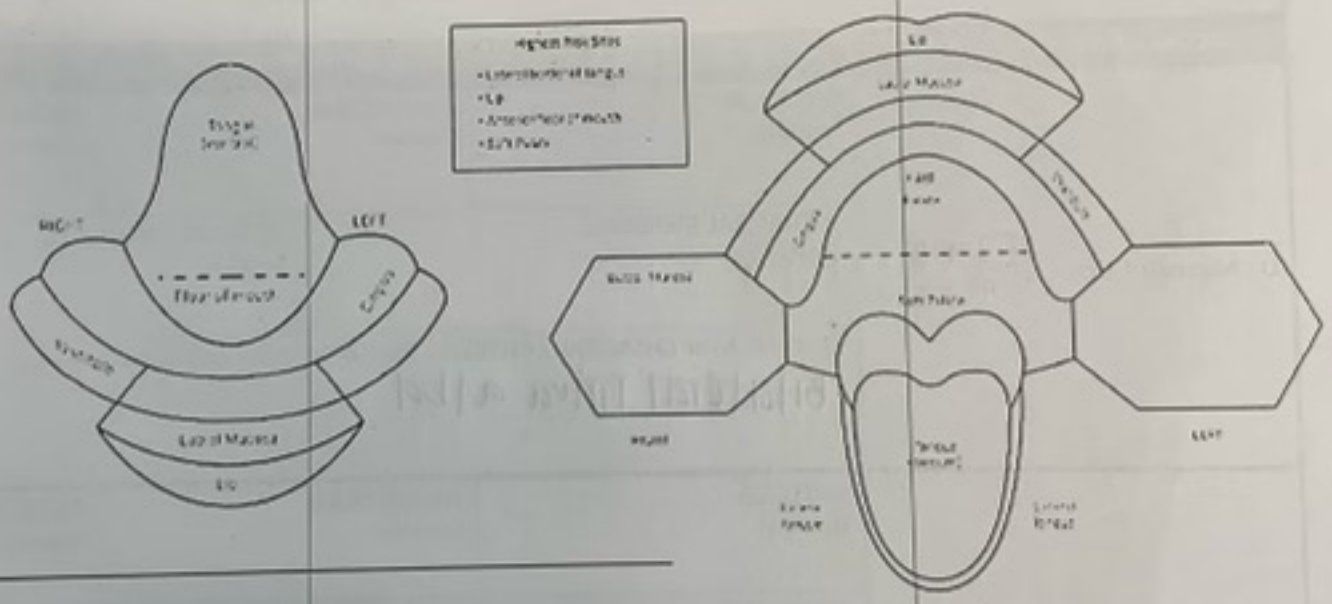
	Student Initial:	Instructor Initial:
2nd Date: 03/26/24	JLB	
3rd Date: 03/26/24	JLB	
4th Date: 3/28/24		C.H.
5th Date: 4/2/24		C.H.

	WNL	SIGNIFICANT FINDINGS		
G. Tongue	☐ WNL or →	PALPABLE NODULES Location:	TONGUE PIERCINGS Location:	LESIONS: *(Brief description of lesion(s) AND location)*
		☐ HAIRY TONGUE *(No description & No location required)*	☑ FISSURED TONGUE *(No description & No location required)*	
		☐ GEOGRAPHIC TONGUE *(No description & No location required)*	☐ GLOSSITIS *(No description & No location required)*	☐ LOSS OF PAPILLA *(No description & No location required)*
H. Floor of Mouth	☑ WNL or →	TATTOOS (ie: amalgam, art, etc.) Location:	HEMATOMAS Location:	LESIONS: *(Brief description of lesion(s) AND location)*
		☐ ANKLOGLOSSIA *(No description & No location required)*	TORUS / TORI ☐ Right ☐ Left	

Extra Oral:



Intra Oral:



Comments: _____

_____

_____

Instructors Signature: _____ **Date:** _____

Revised 03/15

Specialists in Healthcare Education

EXTRA / INTRA ORAL ASSESSMENT FORM

Referral Given
☐ Yes
☐ No

Patient Name: Mary [redacted] Date: 4/4/24

Student Name: [redacted] Date: 4/4/24

No Changes Since Last Appointment

2nd Date: 4/9/24 Student Initial: C.H. Instructor Initial: [signature]
3rd Date: 4/10/24 Student Initial: L.A Instructor Initial: [signature]
4th Date: 4/12/24 Student Initial: AS Instructor Initial: [signature]
5th Date: 4/16/24 Student Initial: JV Instructor Initial: MS

- If significant findings are present, provide the Information that is requested
- If significant findings are **NOT** present:
  Check the WNL (Within Normal Limits) box (☐)
- An error will be assessed If BOTH the WNL box Is checked and a significant finding is noted within the same category

EXTRA ORAL	WNL	SIGNIFICANT FINDINGS		
A. Head, Face and Neck	☒ WNL or →	ASYMMETRY Location:	INFECTED PIERCINGS Location:	PALPABLE NODULES Location:
		SWELLINGS Location:	LESIONS: (Brief description of lesion(s) AND location)	
B. Lymph Nodes	☒ WNL or →	TENDERNESS Location:	HARDNESS Location:	NON-MOBILITY Location:
C. TMJ	☒ WNL or →	☐ RESTRICTED OPENING (No description & No location required)	DISCOMFORT ☐ Right ☐ Left	AUDIBLE/PALPABLE SYMPTOMS ☐ Right ☐ Left
INTRA ORAL	**WNL**	**SIGNIFICANT FINDINGS**		
D. Mucosa / Lips	☐ WNL or →	TATTOOS Location:	HEMATOMAS Location:	SWELLINGS Location:
		INTRAORAL PIERCINGS Location:	PALPABLE NODULES Location:	
		LESIONS &/or CHEMICAL / PHYSICAL IRRITATIONS: (Brief description of condition AND location) Bilateral linea alba		
E. Alveolar Ridge	☒ WNL or →	TATTOOS Location:	HEMATOMAS Location:	SWELLINGS Location:
		EXOSTOSIS Location:	PALPABLE NODULES Location:	
		LESIONS &/or CHEMICAL / PHYSICAL IRRITATIONS: (Brief description of condition AND location)		
F. Palate/Oral Pharynx	☐ WNL or →	☒ TORUS (No description and No location required) slight	LESIONS &/or CHEMICAL / PHYSICAL IRRITATIONS: (Brief description of condition AND location)	

Revised

CONCORDE CAREER COLLEGE

MEDICAL HISTORY

Mars

Name: [redacted] Contact Phone # [redacted]

Address: [redacted] City [redacted] Zip [redacted]

54 Date of Birth: [redacted] Height: _____ Weight: life Birth Gender : M ___ F ___ Preferred Pronouns : _____

10/19/68

Emergency Contact: [redacted] Relationship: [redacted] Phone: [redacted]

SOF If you are completing this form for another person, what is your relationship to that person? _____

Date	ASA	Allergies	Blood Pressure	Pulse	Respiration	Temperature

GENERAL MEDICAL INFORMATION:

Physician's Name: [redacted] City [redacted] Phone [redacted] Date of Last Visit [redacted]

Have you had any serious illnesses, operations or been hospitalized in the last 5 years? ☐ YES ☐ NO

If yes, describe: [redacted]

Are you currently under physician care? ☐ YES ☒ NO If yes, describe: _____

DO YOU TAKE PREMEDICAITION FOR DENTAL VISITS? If yes, describe: _____

CHECK (√) IF YOU HAVE HAD ANY OF THE FOLLOWING:

- ☐ AIDS/HIV Positive
- ☐ Anaphylaxis
- ☐ Anemia
- ☐ Arthritis, Rheumatism
- ☐ Artificial heart valves
- ☐ Artificial joints
- ☐ Asthma
- ☐ Allergy _____
- ☐ Back problems
- ☐ Blood diseases
- ☐ Cancer _____
- ☐ Chemical Dependency
- ☐ Chemotherapy
- ☐ Cortisone treatments
- ☐ Cough, persistent
- ☐ Cough up blood
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Fainting
- ☐ Food allergies
- ☐ Glaucoma
- ☑ Headaches 1X Month
- ☐ Heart murmur
- ☐ Heart problems Describe _____
- ☐ Hemophilia/Abnormal bleeding
- ☐ Hepatitis
- ☐ High blood Pressure
- ☐ Jaw Pain
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Material allergies (latex, wool, metal, chemicals)
- ☐ Mitral valve prolapse
- ☐ Nervous problems
- ☐ Pacemaker/Heart surgery
- ☐ Psychiatric care
- ☐ Rapid weight gain or loss
- ☐ Radiation treatment
- ☐ Respiratory disease _____
- ☐ Rheumatic/Scarlet fever
- ☐ Shingles
- ☐ Shortness of breath
- ☐ Skin rash
- ☐ Spina Bifida
- ☐ Stroke
- ☐ Surgical implant
- ☐ Swelling of feet or ankles
- ☐ Thyroid disease / malfunction
- ☐ Tobacco Habit _____
- ☐ Tonsillitis
- ☐ Tuberculosis
- ☐ Ulcer/Colitis
- ☐ Venereal disease

Do you have any disease, condition or problem not listed? ☐ YES ☒ NO If yes, explain: _____

Have you had any surgeries in the past 2 years? ☐ YES ☒ NO If yes, explain: _____

Are you or could you be pregnant? ☐ YES ☒ NO **Are you nursing?** ☐ YES ☒ NO

Are you taking birth control or hormonal replacement? ☐ YES ☒ NO

MEDICATIONS	ALLERGIES
List medications you are currently taking: Ibuprofen last week	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine or Other Narcotics ☐ Latex NONE ☐ Local Anesthetic ☐ Penicillin ☐ Sulfa ☐ Other _____
Premedication ☐ YES ☐ NO	

DENTAL INFORMATION:

Do you gums bleed when you brush invisalign for 14 yr 6 months left ☐ YES ☒ NO current

Have you ever had orthodontics (braces)? ☒ YES ☐ NO

Are your teeth sensitive to cold, hot sweets or pressure? ☐ YES ☒ NO

Have you had any periodontal (gum) treatments? ☐ YES ☒ NO

Do you have any removable appliances? ☐ YES ☐ NO

Have you had a serious/difficult problem associated with any previous dental treatment? ☐ YES ☒ NO

If yes, explain: _____

Do you clean between your teeth? ☒ YES ☐ NO

If so, with what? Dental floss daily

How often do you brush? after each meal

What type of toothbrush do you use? Manual / electric

Do you have a current dental problem? no

Date of your last dental visit? 7-26-23 07/26/23

What was done at that time? cleaning

Date of last x-rays/FMX? 2-2-23 How many? FMX

Date of your last dental cleaning (prophylaxis)? 7-26-23

Dentist Name: pacific dental

Address: Lakeshore

City/Zip 93631 Phone 559-905-2557

To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any change in my health, or if my medicines change, I will inform the faculty or student at the next appointment without fail.

[redacted] Date: 10-3-23

Signature of Patient, Parent or Guardian (Circle one)

Student Signature: [redacted] BMS **Faculty Signature:** 8-11-23 DS