



Health Sciences and Human Services

DENTAL RECORD
FOR DENTAL HYGIENE STUDENTS
COLLEGE OF SOUTHERN IDAHO

To be completed and signed by your Dentist. (*Form should be given Back to student-patient*)

NAME _____ **DATE** _____

Please check one of the following:

Oral Hygiene:

- Good
- Fair
- Poor



Calculus Deposits:

- Slight
- Moderate
- Heavy

Periodontal Disease:

- General Mild Moderate
- Severe None

Examination and Treatment:

DATE	TOOTH NUMBER	SERVICES - INCLUDE SURFACES AND TREATMENT

Dentist Signature: _____

Date: _____