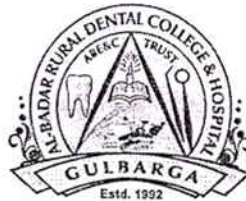


A.B.E. & C. TRUST'S

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**RURAL DENTAL COLLEGE & HOSPITAL**  
**KALABURAGI**



# Certificate

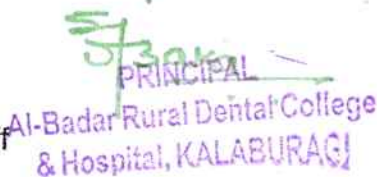
*This is to certify that,*

Mr./Miss./Mrs. Patel Stib Anas

*has completed the required work in the Department of  
Periodontology during his / her clinical posting in III<sup>rd</sup> & final B.D.S.*

Year 22-23

  
Signature of Staff

  
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Signature of H.O.D

Examiner - 1

Examiner - 2

# DEPARTMENT OF PERIODONTICS

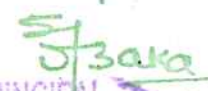
## CASE RECORD

PG Student's Name :

OP No.:

Patient name :

Diagnosis :

  
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PG student signature

Staff signature

HOD Signature



**Personal History :**  
**Adverse Habits :**

Pan chewing :

Smoking :

Alcohol :

Bruxism :

Others :

**Oral Hygiene Habits :**

Type of Brush :

Dentifrice :

Frequency :

Technique :

Others :

**Dietary Habits :**

**General Examination :**

1) Stature :

2) Gait :

3) Build :

4) Nourishment :

5) Others :

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Oral Hygiene Status :

O. H. I. S. (Green & Vermillion)

Debris Index :

|   |   |   |
|---|---|---|
| 2 | 2 | 3 |
| 6 | 1 | 6 |
| 0 | 2 | 3 |

Calculus Index :

|   |   |   |
|---|---|---|
| 1 | 1 | 2 |
| 6 | 1 | 6 |
| 0 | 1 | 2 |

Total D.I. Score :

Total C. I. Score :

Total O. H. I. S. score per person =

Gingival Status :

|                |          |          |                |
|----------------|----------|----------|----------------|
| 18 17 16 15 14 | 13 12 11 | 21 22 23 | 24 25 26 27 28 |
| 48 47 46 45 44 | 43 42 41 | 31 32 33 | 34 35 36 37 38 |

Colour :

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

*S. S. S.*  
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[illegible]

(Millers index )

[illegible][illegible]

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## Hard Tissue Examination

Teeth Present

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

Teeth Missing

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

Carious

Extrusion

Overfilling

Plunger cusp

Food Impaction

Hypersensitivity



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Photographs

Pre-operative :

Post-operative :

Roentgenographic findings :

I) IOPA View

Interpretation

II) OPG

Interpretation

III) Others

Laboratory Investigations

I) Blood Analysis :

- |                     |                         |
|---------------------|-------------------------|
| 1) RBC Count :      | 2) Hb% :                |
| 3) Bleeding time :  | 4) Clotting time :      |
| 5) Platelet Count : | 6) E.S.R.               |
| 7) WBC Count :      | 8) Differential Count : |
| 9) Others           |                         |

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Case Analysis :

Treatment Plan :

Emergency phase :

Extraction :

Others :

*S. J. Zaka*

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TREATMENT PLAN

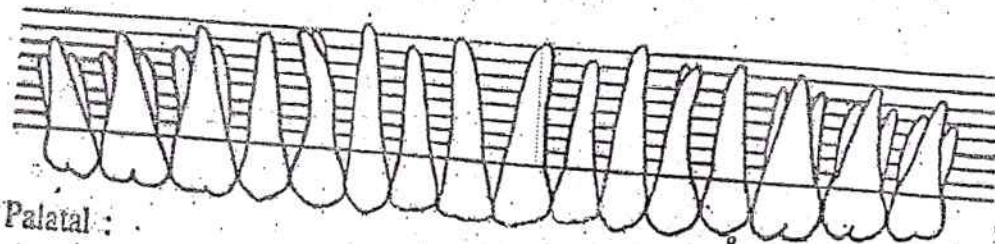
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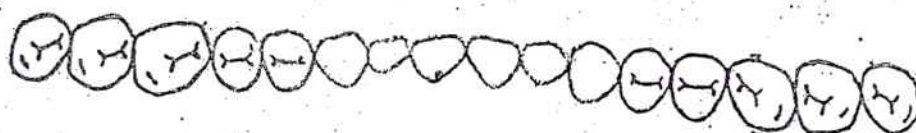
etomy

# PERIODONTAL CHART (Pre-Operative)

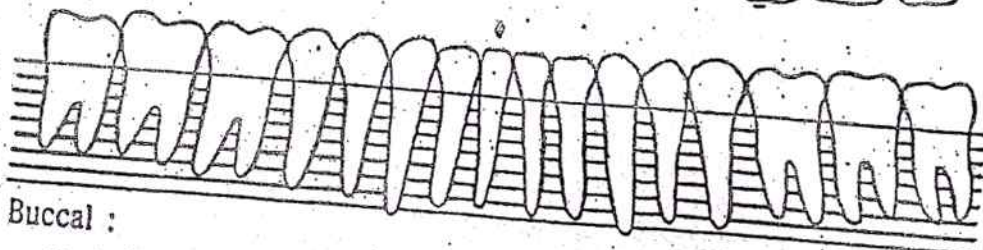
Buccal :



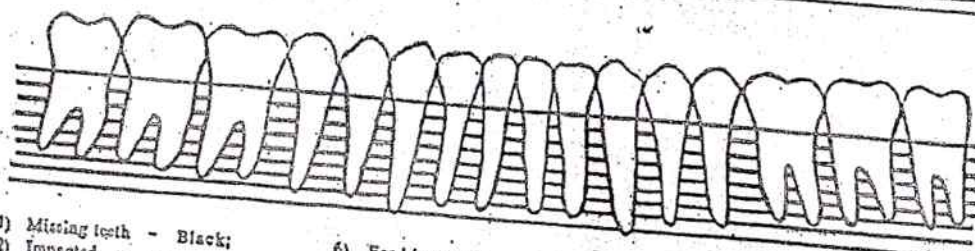
Palatal :



Lingual :



Buccal :



- 1) Missing teeth - Black;
- 2) Impacted - O
- 3) Periapical Pathology - □
- 4) Defective Restoration Def. -
- 5) Open contact - V

- 6) Food Impaction - ▽
- 7) Caries - #
- 8) Extruded - ↑ ↓
- 9) Mobility - 1, 2, 3,
- 10) Abnormal Frenum - X

- 11) F. O. M. - Red.
- 12) Base of the pocket - Blue.
- 13) Abrasion - Yellow.
- 14) Furcation - Brown
- 15) Migration - I, II, III, IV - Purple

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