

FIG. 1

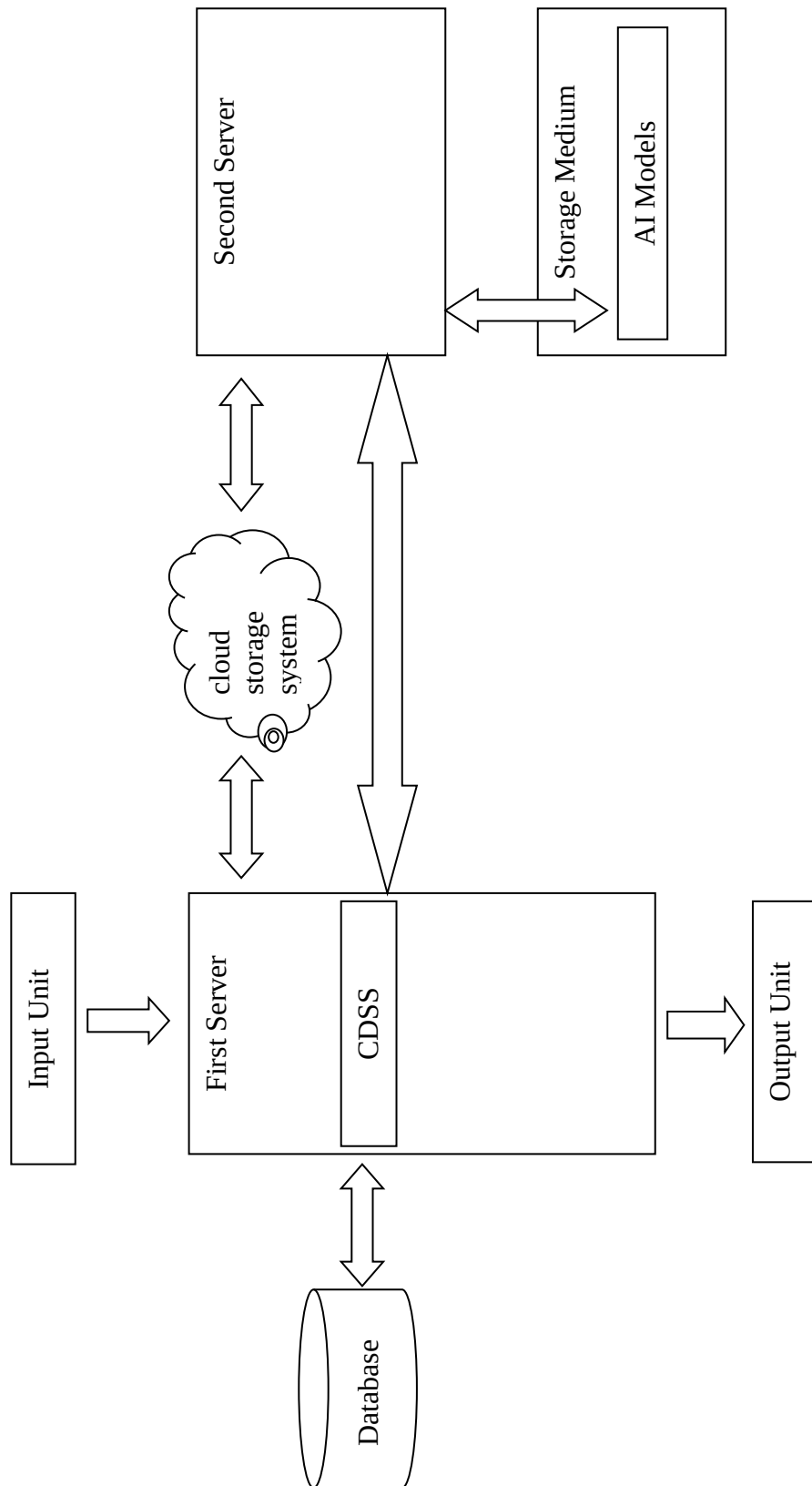


FIG. 2

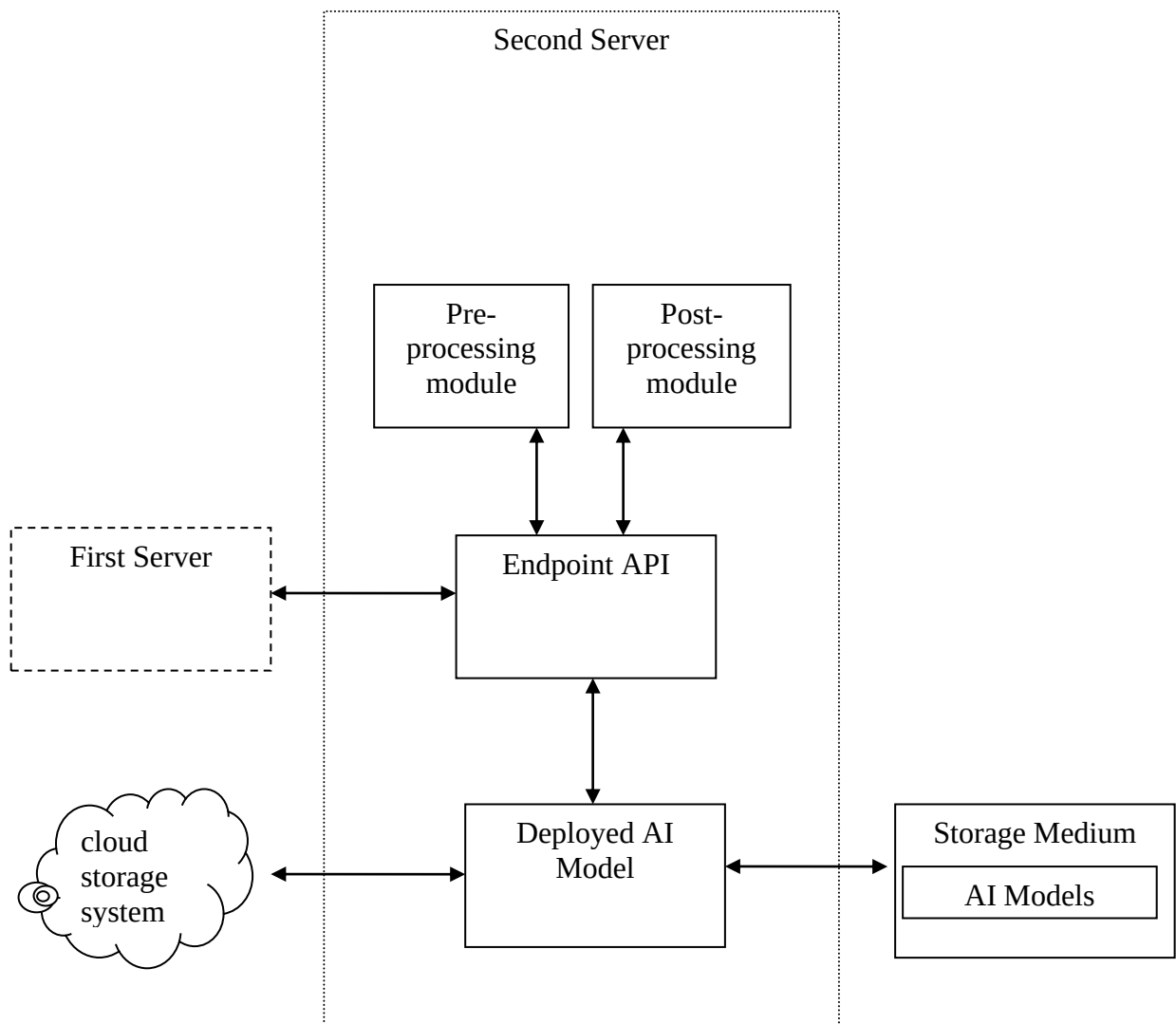


FIG. 3

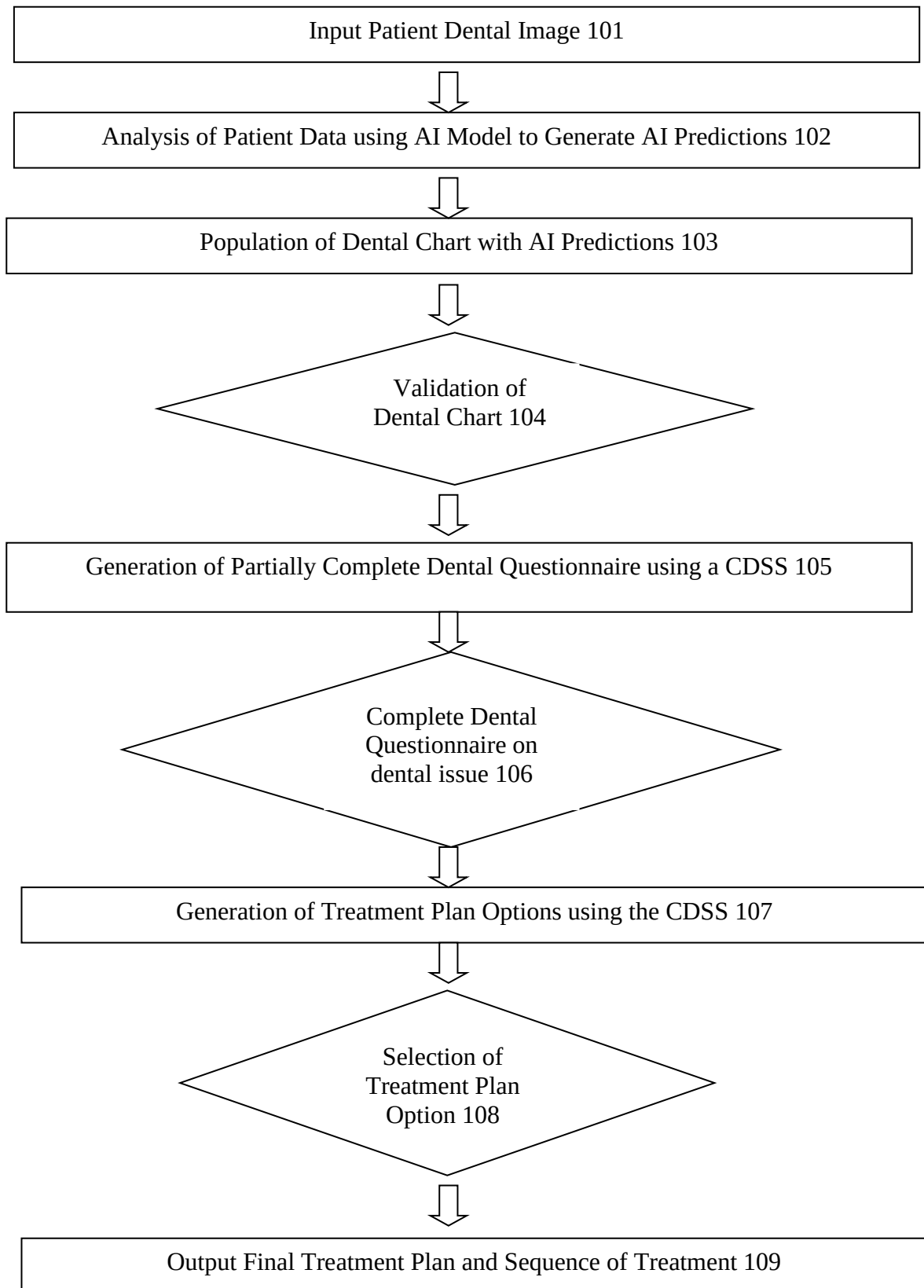


FIG. 4

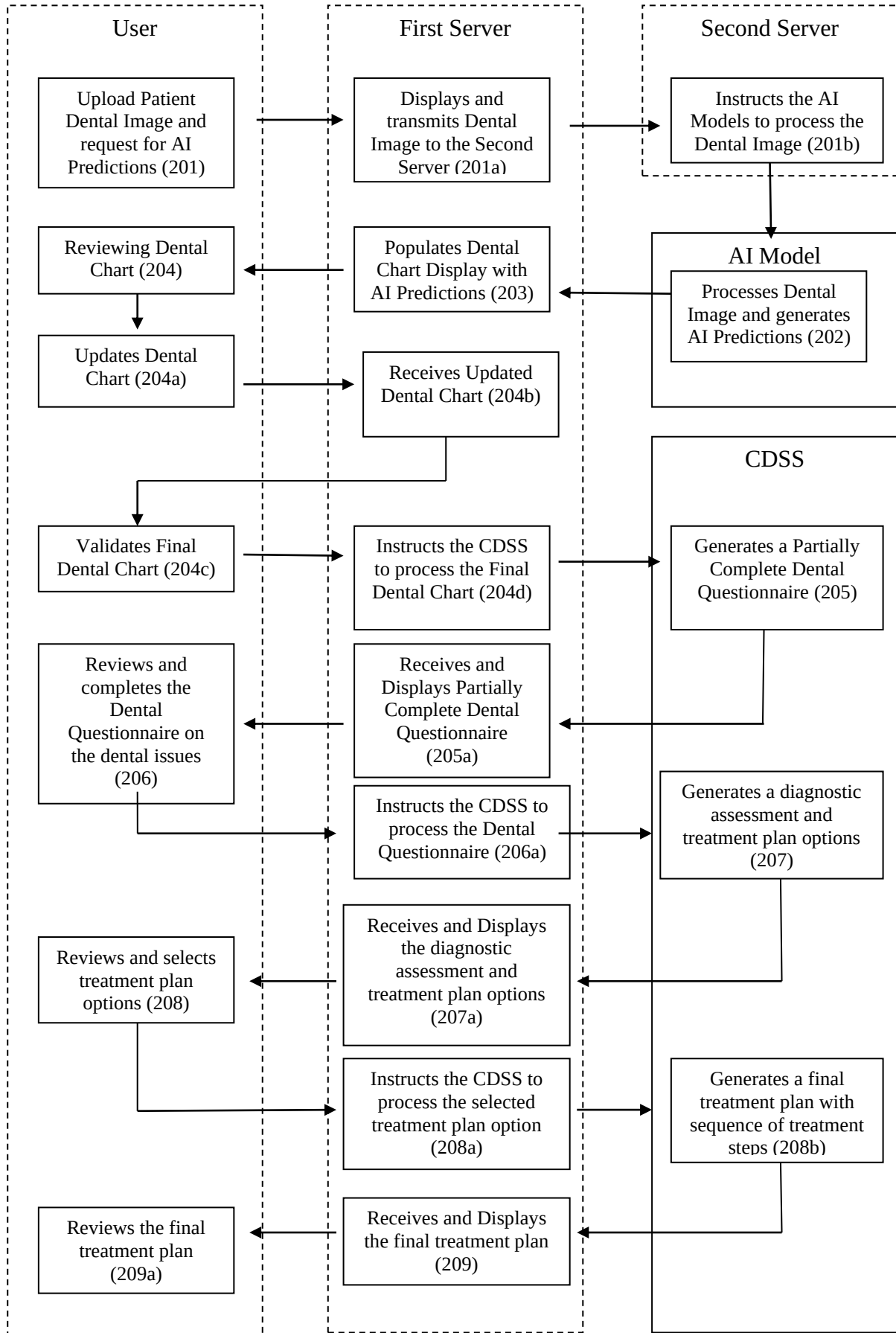


FIG. 5

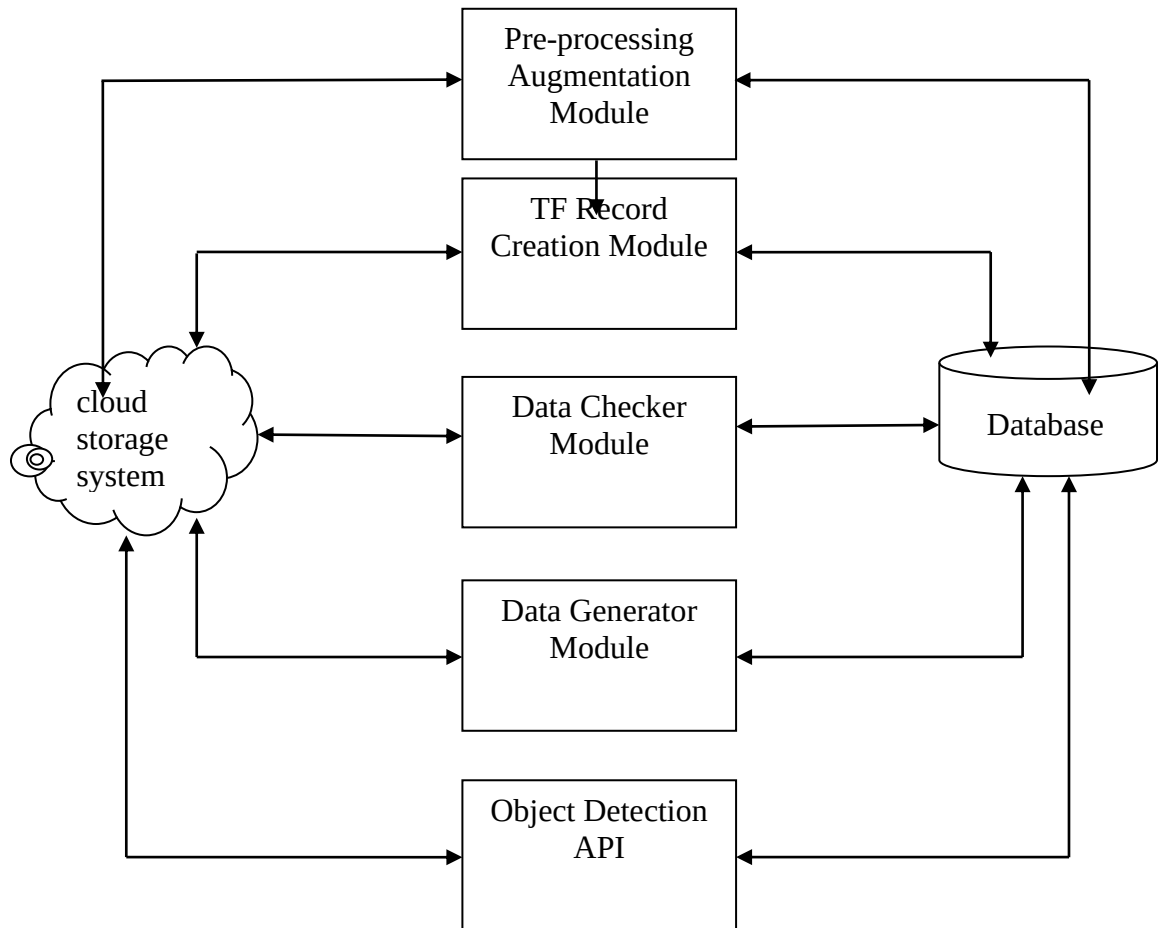


FIG. 6A

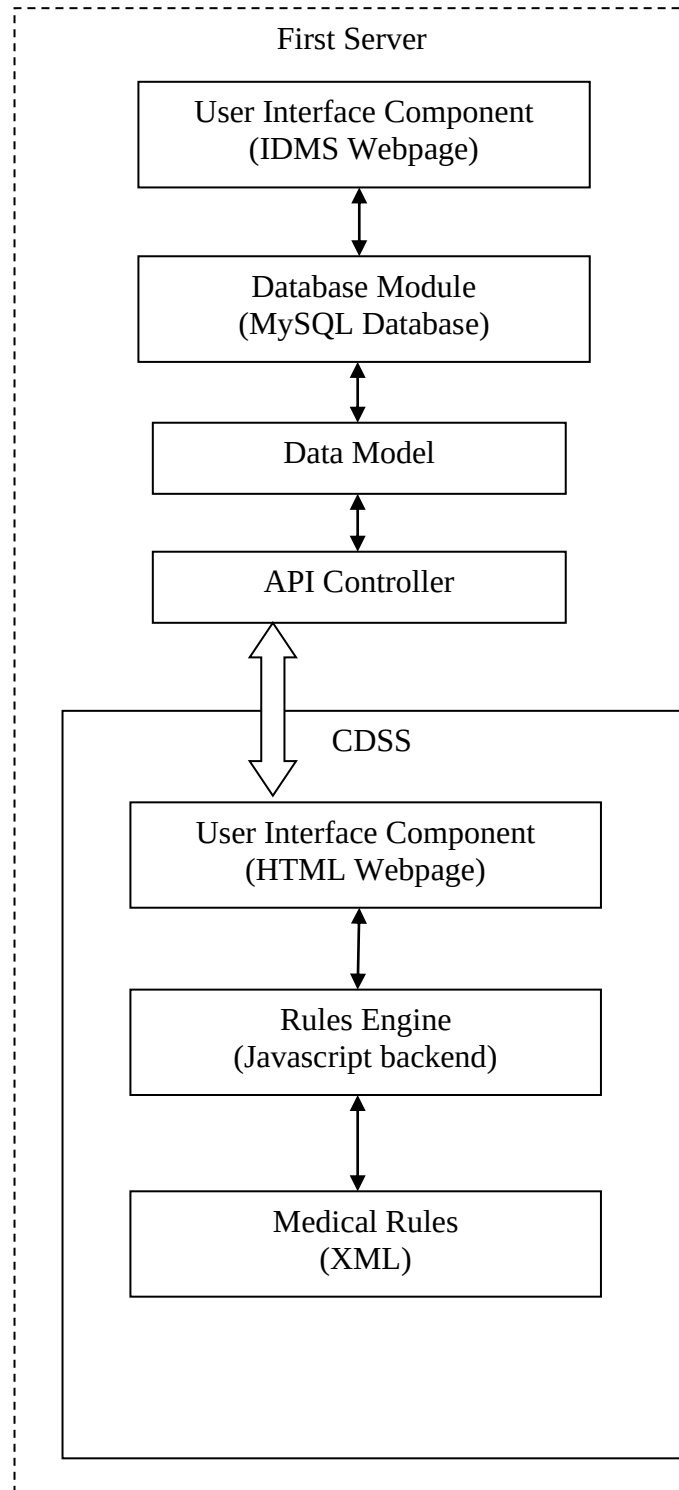


FIG. 6B

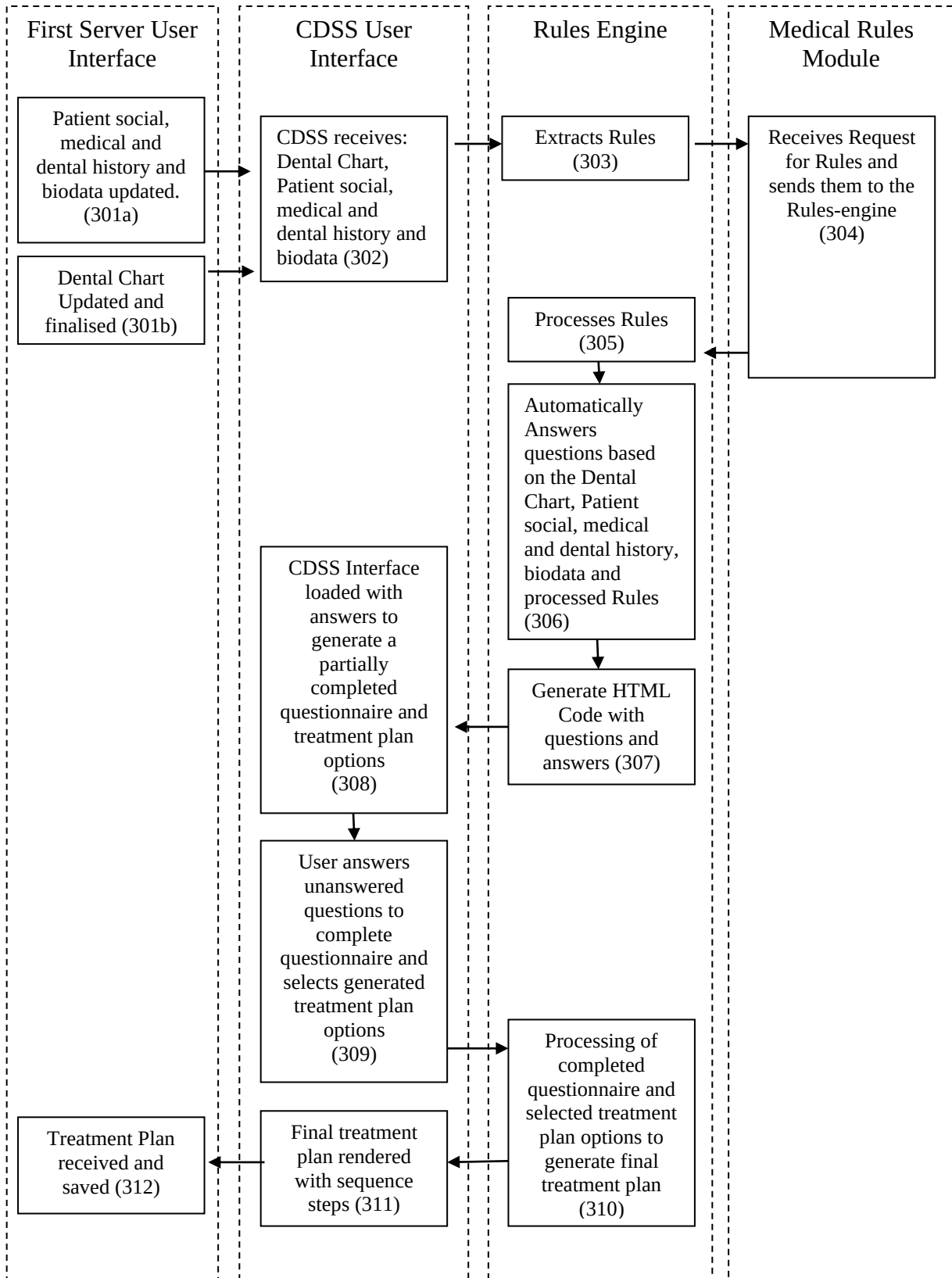


FIG. 7A

General	Medical History ☒ None of Relevance Dental History ☒ None of Relevance Social History ☒ None of Relevance		
Caries	Presenting Concern ☐ Fever ☐ Generalized Pain ☐ Toothache ☐ Missing tooth ☐ Tooth sensitivity ☐ Discoloured tooth ☐ Bleeding gums ☐ Swollen gums ☐ Bad breath ☐ Fracture / chipped ☐ Decayed tooth ☐ Nil Others ☐ Routine Check up ☐ Others		
Perio	Carries Risk Presence of root caries ☒ No Number of caries ☒ 1-2 Carries associated condition ☒ Fistula		
Missing tooth			
Full Treatment Plan			

Clear

FIG. 7B

General

Caries

Perio

Missing tooth

Full Treatment Plan

8765432112345678

☐☐☐☐☐☐☐☐☐☐☐☒☐☐☐☐☐☐☐☐☐

1234

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

8765432112345678

Selected Tooth: Tooth #23

Moderate Caries

Root Caries

Mesial

Occlusal

Distal

Buccal

Lingual

1. Pain

☐ Spontaneous, severe and lingering
☒ Stimulated, severe and lingering
☐ Stimulated, severe and non-lingering
☐ Dull and lingering
☐ Stimulated, dull and lingering
☐ Dull and non-lingering
☐ Stimulated, dull and non-lingering
☐ Nil

2. Pulp Sensitivity Test

☒ Exaggerated response or lower reading compared to control
☐ Same response or higher reading compared to control
☐ No Response

Diagnosis: Moderate Caries with Irreversible Pulpitis

Treatment Option 1

Pulp Extirpation
Root Canal Treatment
Final Restoration

Select

Treatment Option 2

Pulp Extirpation
Root Canal Treatment
Veneer

Select

Treatment Option 3

Pulp Extirpation
Root Canal Treatment
Crown

Select

9/15

FIG. 7C

	Generalized		Localized																										
General	1. Probing Depth Sextant <table border="1"> <thead> <tr> <th>Upper Left</th> <th>Upper Centre</th> <th>Upper Right</th> <th>Lower Left</th> <th>Lower Centre</th> <th>Lower Right</th> </tr> </thead> <tbody> <tr> <td>≤ 3mm</td> <td>≤ 3mm</td> <td>≤ 3mm</td> <td>≤ 3mm</td> <td>≤ 3mm</td> <td>≤ 3mm</td> </tr> <tr> <td>3 - 5mm</td> <td>3 - 5mm</td> <td>3 - 5mm</td> <td>3 - 5mm</td> <td>3 - 5mm</td> <td>3 - 5mm</td> </tr> <tr> <td>> 5mm</td> <td>> 5mm</td> <td>> 5mm</td> <td>> 5mm</td> <td>> 5mm</td> <td>> 5mm</td> </tr> </tbody> </table>					Upper Left	Upper Centre	Upper Right	Lower Left	Lower Centre	Lower Right	≤ 3mm	≤ 3mm	≤ 3mm	≤ 3mm	≤ 3mm	≤ 3mm	3 - 5mm	3 - 5mm	3 - 5mm	3 - 5mm	3 - 5mm	3 - 5mm	> 5mm	> 5mm	> 5mm	> 5mm	> 5mm	> 5mm
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> 5mm	> 5mm	> 5mm	> 5mm	> 5mm	> 5mm																								
Caries																													
Perio																													
Missing tooth	2. Basic Periodontal Examination Bleeding on Probing <table border="1"> <tbody> <tr> <td>≤ 10% bleeding sites</td> </tr> <tr> <td>10 -30% bleeding sites</td> </tr> <tr> <td>>30% bleeding sites</td> </tr> </tbody> </table>					≤ 10% bleeding sites	10 -30% bleeding sites	>30% bleeding sites																					
≤ 10% bleeding sites																													
10 -30% bleeding sites																													
>30% bleeding sites																													
Full Treatment Plan	3. Gingival Ulceration <table border="1"> <tbody> <tr> <td>Yes</td> </tr> <tr> <td>No</td> </tr> </tbody> </table> 4. Gingival Enlargement <table border="1"> <tbody> <tr> <td>Yes</td> </tr> <tr> <td>No</td> </tr> </tbody> </table>					Yes	No	Yes	No																				
Yes																													
No																													
Yes																													
No																													

FIG. 7D

Generalized
Localized

General

Caries

Perio

Missing tooth

Full Treatment Plan

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

Add Tooth

Partially Erupted

Recession

End Period

Defective Margin

Periodontal Abscess

1. Intraoral swelling

- ☐ Generalized
- ☒ Localized with discharge
- ☐ Generalized with discharge
- ☐ Localized and non-fluctuant
- ☐ Null

2. Pain

- ☐ Spontaneous, severe and lingering
- ☐ Stimulated, severe and lingering
- ☐ Stimulated, severe and non-lingering
- ☒ Dull and lingering
- ☐ Stimulated, dull and lingering
- ☐ Dull and non-lingering
- ☐ Stimulated, dull and non-lingering
- ☐ Nil

Diagnosis: Pericoronitis

Treatment Option 1

XXXX

XXXX

Relieve opp occlusion

Select

Treatment Option 2

XXXX

XXXX

Prescribe

Select

FIG. 7E

General

Caries

Perio

Missing tooth

Full Treatment Plan

Customise ▼

Tooth #32, 33, 34, 35, 36

Tooth #42

1. Malalignment

Yes

No

2. Lost vertical dimension

Yes

No

Treatment Option 1

XXXX

XXXX

Referral to prosthodontics...

Select

Treatment Option 2

XXXX

XXXX

referral to multi-disciplinary...

Select

Treatment Option 3

XXXX

XXXX

Implant supported fixed prosthesis

Select

Treatment Option 4

XXXX

XXXX

Denture

Select

FIG. 7F

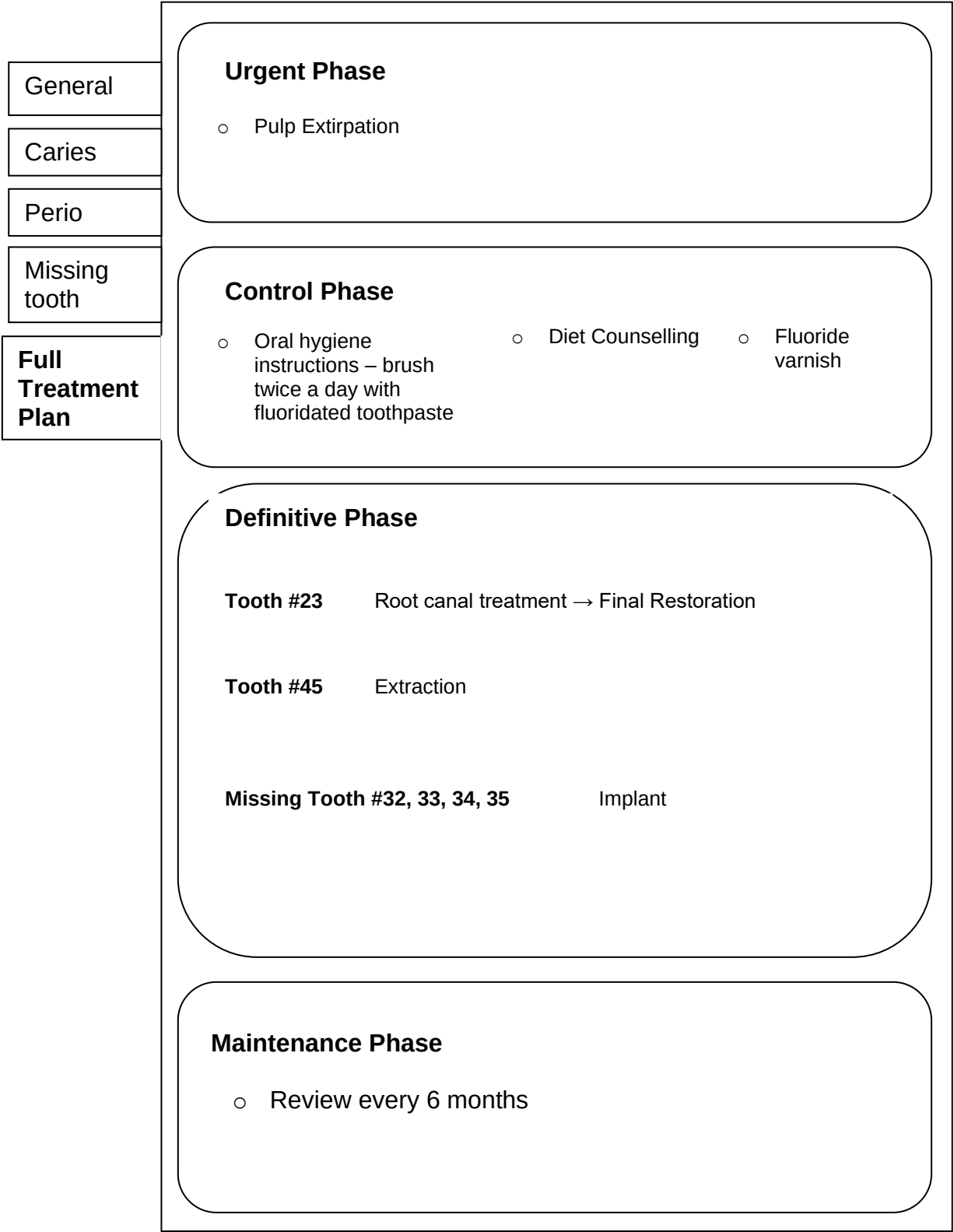


FIG. 8



FIG. 9

