Republic of the Philippines
DEPARTMENT OF EDUCATION

Region

Division

DENTAL HEALTH RECORD

Latest 1½ x 1½ picture

Name: _____ _____ Date

Age: _____ Sex _____ Birth Date _____

Event: _____

Parent/Guardian: _____

Coach: _____

CONDITION AND TREATMENT NEEDS

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

GINGIVITIS								
PERIODONTAL DISEASE								
MALOCCLUSION								
SUPERNUMERARY TOOTH								
RETAINED DECIDOUS								
DECUBITAL ULCER								
CALCULUS								
CLEFT PALATE								
ROOT FRAGMENT								
FLUOROSIS								
OTHERS (Specify)								

	DATE OF VISIT					
TEMPORARY TEETH						
INDEX D.F.T.						
NO. T /DECAYED						
NO. T/ FILLED						
TOTAL D.F.T.						

YEAR LEVEL								REMARKS							
DATE															
EXAMINATION															
SEALANT (GI)															
PERMANENT FILLING															
ART															
EXTRACTION															
ORAL PROPHYLAXIS															
REFERRAL															
OTHER ORAL TREATMENT															

PERMANENT TEETH						
INDEX D.F.T.						
NO. T /DECAYED						
NO. T/MISSING						
NO. T/ FILLED						
TOTAL D.F.T.						
TOTAL SOUND TEETH						

SYMBOLS FOR MOUTH EXAMINATION

X - TOOTH INDICATED FOR EXTRACTION
F - TOOTH INDICATED FOR FILLING
HEAVY SHADE - TOOTH WITH TEMPORARY FILLING
RC - RECURRENT CARIES
RF - ROOT FRAGMENT
M - MISSING TOOTH
DU - DECUBITAL ULCER
MAL - MALOCLUSSION
FLU - FLUOROSIS
Gn - NORMAL
Gm - MODERATE GINGIVITIS (1-2 QUADRANTS)
Gs - SEVERE GINGIVITIS (3-4 QUADRANTS)
CMR - COMPLETE MOUTH REHAB
(√) - SOUND ERUPTED PERMANENT TOOTH

SYMBOLS FOR ACCOMPLISHMENT

XT - EXTRACTED PERMANENT TOOTH
xt - EXTRACTED TEMPORARY TOOTH
Am - AMALGAM FILLING
Com - COMPOSITE FILLING

ARTIFICIAL RESTORATION

JC - JACKET CROWN
I - INLAY
OP - ORAL PROPHYLAXIS
ZOE - ZINC OXIDE UEGENOL FILLING
TF - TEMPORARY FILLING
R - REFERRED TO PRIVATE DENTIST
UN - UNERUPTED TOOTH

Division Meet — Remarks/Findings:

DENTIST
(signature over printed name)
PRC: LICENSE: Date Examined:

Regional Meet — Remarks/Findings:

DENTIST
(signature over printed name)
PRC: LICENSE: Date Examined:

Palarong Pambansa — Remarks/Findings:

DENTIST
(signature over printed name)
PRC: LICENSE: Date Examined: