EXAMINATION CHECKLIST

Observations for __________________________ on __________________

The following areas were observed and examined today. Boxes that are marked indicate conditions that warrant discussion and possible therapy.

APPEARANCE OBSERVATIONS

- Tooth Position
- Tooth Arrangement
- Tooth Color
- Tooth Wear
- Gingival Display
- Gingival Levels
- Papilla Position/Contact Length

BITE OBSERVATIONS

- TM Joint Sounds
- TM Joint Pain
- Muscle Pain
- Tooth Wear
- Tooth Fracture
- Tooth Mobility
- Mal-alignment of Teeth

TOOTH CONDITION OBSERVATIONS

- Decay
- Cracks/Craze Lines
- Fractures
- Erosion
- Failing Fillings and Restorations
- Missing Teeth
- Missing Teeth which Need Replacement
- Teeth that will need future attention

BIOLOGIC OBSERVATIONS

- Gingival Inflammation
- Gingival Recession
- Bone Loss
- Gingival or Bone Hyperplasia
- Pathology around the Tooth Root
- Pulpal Inflammation
- Abnormal X-ray findings