

Dental Charting Checklist: Exam Findings & Treatment Needs

 Show only Checklist

Display Style
Default 

Patient Demographics & Medical History

Verify patient information, review medical history updates, and note any pertinent allergies or medications.

Patient Full Name

Write something...

Date of Birth

Enter date...



Patient Age

Enter a number...

Patient Phone Number

Write something...

Medical History (Please describe)

Write something...

Allergies

- Medications
- Latex
- Other

Primary Insurance

- Yes
- No

Current Medications (List all medications and dosages)

Write something...

Extraoral Examination

Document observations of the face, lymph nodes, temporomandibular joints (TMJs), and occlusal relationships.

Patient Name

Write something...

Facial Symmetry Observations

Write something...

TMJ Crepitus (0-3)

Enter a number...

TMJ Opening (Normal/Restricted/Painful)

- Normal
- Restricted
- Painful

Lymph Node Palpation (Bilateral/Unilateral/Absent)

- Bilateral
- Unilateral
- Absent

Lymph Node Description (if palpable)

Write something...

Occlusion at Rest (Class I/Class II/Class III)

- Class I
- Class II
- Class III

Intraoral Soft Tissue Examination

Record findings regarding the lips, tongue, cheeks, palate, floor of the mouth, and oropharynx. Note any lesions, inflammation, or abnormalities.

Lips: Description of Color, Texture, and Presence of Lesions

Write something...

Tongue: Description of Color, Texture, Size, and Presence of Ulcerations or Swelling

Write something...

Buccal Mucosa (Cheeks): Description of Color, Texture, and Presence of Lesions

Write something...

Palate (Hard & Soft): Description of Color, Texture, and Presence of Exostoses or Lesions

Write something...

Floor of Mouth: Description of Color, Texture, and Presence of Swelling or Lesions

Write something...

Oropharynx: Description of Tonsils, Uvula, and Posterior Pharyngeal Wall

Write something...

Saliva Production

- Normal
- Increased
- Decreased

Hard Tissue Examination (Teeth)

Assess each tooth for caries, restorations, fractures, mobility, and periodontal condition. Document existing restorations and their condition.

Caries Risk Assessment (0-5)

Enter a number...

Tooth #18 - Condition

- Sound
- Small Caries
- Large Caries
- Existing Restoration
- Crown
- Missing

Tooth #30 - Condition

- Sound
- Small Caries
- Large Caries
- Existing Restoration
- Crown
- Missing

Tooth #11 - Probing Depth (mm)

Enter a number...

Tooth #31 - Probing Depth (mm)

Enter a number...

Existing Restorations (Check all that apply)

- Amalgam
- Composite
- Gold
- Ceramic
- None

Notes on Tooth #19

Write something...

Periodontal Assessment

Record probing depths, recession, bleeding on probing, furcation involvement, and plaque/calculus indices.

Probing Depth (Tooth #1)

Enter a number...

Recession (Tooth #1)

Enter a number...

Bleeding on Probing (BOP)

Yes

No

Furcation Involvement (Tooth #3)

None

Class I

Class II

Class III

Gingival Index Score

Enter a number...

Plaque Index Score

Enter a number...

Additional Periodontal Notes

Write something...

Radiographic Findings

Document observations from radiographs (bitewings, periapicals, panoramic). Note any pathology or areas of concern.

Radiographic Interpretation Summary

Write something...

Bitewing Index (Carson Index or similar)

Enter a number...

Presence of Pathology (check all that apply)

- Caries
- Periapical Lesion
- Root Resorption
- Dilaceration
- Ankylosis
- None Observed

Specific Findings (e.g., calculus amount, bone loss)

Write something...

Panoramic Radiograph Interpretation (if applicable)

- Normal
- Slight Abnormalities
- Moderate Abnormalities
- Significant Abnormalities

Attach Radiographic Image (optional)

 Upload File

Occlusion & Bite Analysis

Assess the relationship of the upper and lower teeth. Note any discrepancies or issues with the bite.

Occlusal Intercuspal Position (ICP)

- Class I
- Class II
- Class III
- Crossbite
- Open Bite

TMJ Status (Right)

- Normal
- Clicking
- Popping
- Pain
- Limited ROM
- Crepitus

TMJ Status (Left)

- Normal
- Clicking
- Popping
- Pain
- Limited ROM
- Crepitus

Overbite (mm)

Enter a number...

Overjet (mm)

Enter a number...

Detailed Occlusal Notes

Write something...

Treatment Plan Recommendations

Outline proposed treatment options for identified dental needs. Prioritize treatment based on urgency and patient goals.

Detailed Treatment Plan Description

Write something...

Prioritization Level

- Emergency
- High Priority
- Medium Priority
- Low Priority

Estimated Treatment Cost

Enter a number...

Proposed Treatment Start Date

Enter date...

Treatment Provider

- Dr. [Dentist's Name]
- Hygienist
- Specialist

Patient Financial Arrangement Notes

Write something...

Patient Communication & Consent

Record discussion with the patient regarding findings and treatment plan. Document patient understanding and consent for proposed treatment.

Summary of Findings Discussed

Write something...

Explanation of Proposed Treatment Plan

Write something...

Estimated Treatment Cost

Enter a number...

Patient Understanding of Risks & Benefits?

- Fully Understands
- Partially Understands
- Does Not Understand

Consent for Specific Procedures?

- Radiographs
- Local Anesthesia
- Fluoride Treatment
- Restorative Treatment

Date of Next Appointment (if scheduled)

Enter date...

Patient Signature