Sunridge Dental Care
Personalized & Comfortable Care

Continuing Care Patient Examination

Patient_____ Date_____

___ Your blood pressure is: _____/ _____ Your pulse rate is: _____
___ Medical history review and update
___ Review possible need for prophylactic antibiotics / renewal of prescriptions
___ Pre-examination anti-bacterial rinse
___ Oral cancer screening examination
___ Soft tissue examination
___ Hard tissue examination
___ Saliva evaluation ___ Recommendation for dry mouth products
___ Periodontal probing examination – full mouth
___ Bleeding points of the gums noted
___ Tooth mobility and recession examination
___ Evaluation of oral hygiene ___ Oral hygiene instruction review
___ Recommendations for oral hygiene aids / products / fluoride
___ Evaluation of existing dental care
___ Evaluation of existing removable prostheses for fit / wear
___ Cavity detection examination
___ Cavity detecting x-rays – at least once per year
(Check for non-flossing cavities)
___ Full mouth x-rays – as needed or every 2-3 years
(View root structure, bone levels and nerve involvement)
___ Panoramic x-ray – as needed or every 2-3 years
(View of temperomandibular joints, all teeth, maxillary sinus, third molars, cysts, tumors and bone pathology)
___ Preventative prophylaxis – Oral cavity never having gum / bone disease
___ Periodontal maintenance – Oral cavity has had gum / bone disease
___ Soft tissue management – Non-surgical treatment for gum disease
___ Administration of chemotherapeutic agents Areas:_____
___ Placement of topical fluoride
___ Placement of desensitizing agents

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