Sunridge Dental Care
Personalized & Comfortable Care

New Patient Examination

Patient_____ Date_____

___ Your blood pressure is: _____/ _____ Your pulse rate is: _____
___ Medical history review
___ Review possible need for prophylactic antibiotics
___ Pre-examination anti-bacterial rinse
___ Cosmetic evaluation – anterior tooth shade evaluation
___ Oral cancer screening examination
___ Soft tissue examination ___ Hard tissue examination
___ Muscle examination ___ TMJ examination
___ Occlusal examination
___ Saliva evaluation ___ Recommendation for dry mouth products
___ Evaluation of Occlusal Vertical Dimension
___ Tooth mobility and recession examination
___ Periodontal probing examination – full mouth
___ Bleeding points of the gums noted
___ Evaluation of oral hygiene ___ Oral hygiene instruction
___ Recommendations for oral hygiene aids / products
___ 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)
___ Diagnostic models – Mounted on an articulator
___ Bite relation recording
___ Digital photography ___ Intra-oral camera photography

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