Santé
et Services sociaux
Québec

DT9461

DENTIST FILE IN RESIDENTIAL AND LONG-TERM CARE CENTRE (CHSLD)

File number	
Resident's last name	
Resident's first name	
Date of birth (Year / Month / Day)	Sex: ☐ M ☐ F
Health insurance number	Expiry (Year / Month)
Area code / Phone number	Area code / Phone number (alt.)

MAIN COMPLAINT

PRE-OPERATIVE PRECAUTIONS

PATIENT'S MEDICAL HISTORY

ORIGINAL ODONTOGRAM

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28

Maxilla

Patient's right

Mandible

48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

ORAL HEALTH EXAM N = *normal* A = *abnormal*

A. General assessment	N	A
	☐	☐
B. Extra-oral exam	**N**	**A**
Temporomandibular joint	☐	☐
Salivary glands	☐	☐
Other	☐	☐

C. Mouth hygiene

☐ Excellent ☐ Average ☐ Insufficient

D. Tooth loss

☐ Complete ☐ Partial ☐ None

E. X-ray exam	N	A
Write the results on the original odontogram	☐	☐

F. Special exams, comments

G. Mouth exam	N	A
Lips	☐	☐
Mucous membranes	☐	☐
Periodontium	☐	☐
Palate	☐	☐
Oropharynx	☐	☐
Floor of the mouth	☐	☐
Vestibule	☐	☐
Tongue	☐	☐
Saliva	☐	☐
Bite	☐	☐

Resident's first and last name	File number

DIAGNOSES

(Use the AS-306A form for the treatment plant)

REGULAR PREVENTATIVE ORAL HEALTH CARE PROVIDED BY THE DENTAL HYGIENIST UNDER THE DIRECTION OF THE DENTIST

	Care and procedures	Frequency
1		
2		
3		
4		

Precautions

Name of the dentist			Date
Last name and first name	Permit number	Signature	Year Month Day

Date	Year	Month	Day

Date	Year	Month	Day

Date	Year	Month	Day

UPDATED ODONTOGRAM

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28

Maxilla

Patient's right

Mandible

48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38