Santé et Services sociaux Québec

DT9461

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.)

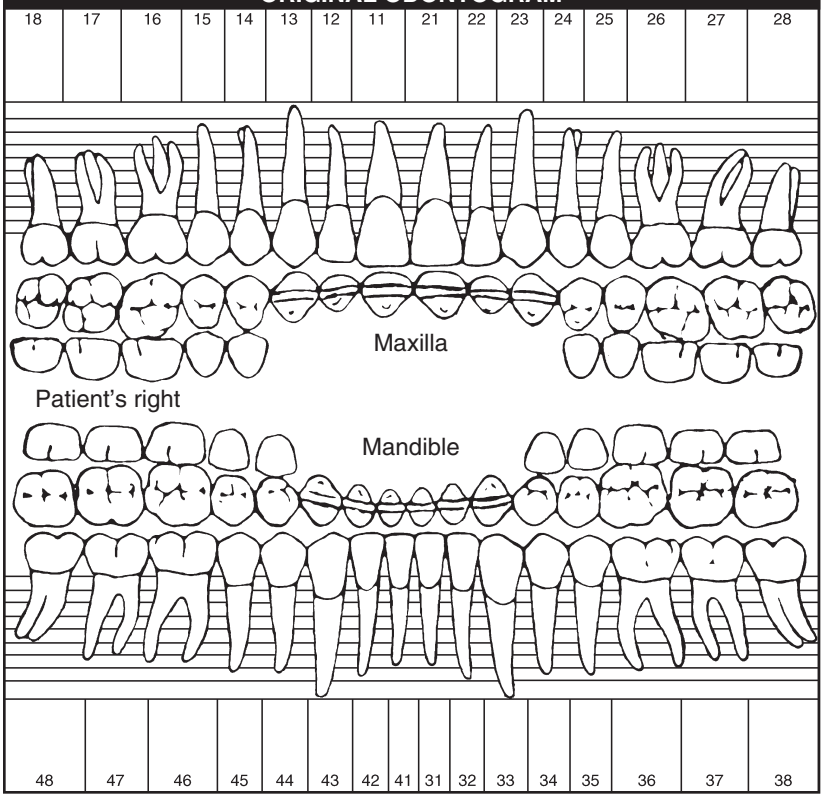
DENTIST FILE IN RESIDENTIAL AND LONG-TERM CARE CENTRE (CHSLD)

MAIN COMPLAINT

PRE-OPERATIVE PRECAUTIONS

PATIENT'S MEDICAL HISTORY

ORIGINAL ODONTOGRAM



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