



DT9462

DENTURIST 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 <input type="checkbox"/> M <input type="checkbox"/> F
Health insurance number	Year Month Expiry
Area code Phone number	Area code Phone number (alt.)

ORAL HEALTH HISTORY

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PRECAUTIONS, COMMENTS

MOUTH EXAM

Ridges	<input type="checkbox"/> Upper:	<input type="checkbox"/> Lower:
Mucous membranes	<input type="checkbox"/> Upper:	<input type="checkbox"/> Lower:
Relation	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III	<input type="checkbox"/> Class IV
Intermaxillary space	<input type="checkbox"/> Anterior:	<input type="checkbox"/> Posterior:
Temporomandibular joint	<input type="checkbox"/> Right:	<input type="checkbox"/> Left:
High arched palate:	Saliva:	Tongue:

Comments

SERVICES PROVIDED

An exam by a dentist is required before services related to partial movable dentures can be provided.

Date	Service	Material and notes
	Consultation and mouth exam	
	First impression	
	Second impression	
	Joint	
	First try-in	
	Second try-in	
	Insertion	
	First adjustment	
	Second adjustment	

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