

Patient:

Our ref:

Other comments (including history of any presenting complaint):

ii) Gingivae

BPE

Appearance of gingivae:

Deposits:

Recession:

Other comments:

iii) Incisor relationship

Overbite

Overjet

iv) Dentures

When were the dentures made? < 1 year 1-5 years 5-10year >10years

Material: CoCr: Acrylic:

Clasps: Wrought: Cast:

Comments:

v) Occlusion / tooth surface loss

NAD / See supplementary sheet 1

vi) Soft tissues / extraoral examination

NAD / See supplementary sheet 2

vii) Radiographic findings

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Patient:

Our ref:

OHA supplementary sheet 1 - occlusion and tooth surface loss

i) Posterior support: Adequate / **Inadequate**

ii) Overeruption of teeth at:..... Treatment required: **Yes / No**

iii) Tilting of teeth at: Treatment required: **Yes / No**

iv) Non-carious tooth surface loss at (and see clinical chart):

.....
.....

Treatment required: **Yes / No**

v) Study models:

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vi) TMJ:

Left / **NAD**

Right / **NAD**

Range jaw movement / **NAD**

vi) Other comments:

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.....
.....

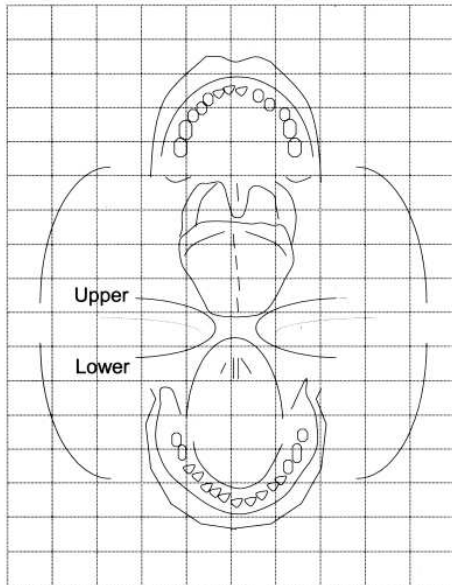
Patient:

Our ref:

OHA supplementary sheet 2 - Soft tissues and extra oral examination

i) Saliva / NAD

ii) Soft tissue lesions



iii) Extraoral examination

Skin colour / abnormalities / NAD

Symmetry / NAD

Moles and skin lesions / NAD

Lips / NAD

Lymph nodes / NAD