



Summary Oral Health Assessment

Date of assessment:

Our ref:

Patient

Title:

Surname:

First name:

Date of birth:

Address

Postcode:

Dentist

Conclusions:

1. Is the quality of patient care considered satisfactory at this stage? **Yes / No**
2. Is the treatment identified by the performer considered appropriate? **Yes / No**
3. Is any further treatment, not identified by the performer, considered necessary at this stage?
Yes / No (If yes, see additional treatment needs)
4. Has a suitable recall interval been identified for the patient taking consideration of the risk factors? **To be assessed / Yes / No**
5. The following points were discussed with the performer:

DRO:

Date of report:

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Additional treatment needs / care options

Our ref:

		Treatment need (tick)	Notations / Notes
1. Primary prevention	1.1 Caries		
	1.2 Periodontal disease		
	1.3 Tooth surface loss		
	1.4 Smoking cessation		
2. Monitoring	2.1 Caries		
	2.1 Periodontal disease		
	2.2 Tooth surface loss		
	2.4 Oral pathology		
3. Periodontal	3.1 Simple (OH / scaling)		
	3.2 Complex		
	3.3 Surgical		
4. Restorative	4.1 Direct restorations		
	4.2 Indirect restorations		
	4.3 Endodontics		
5. Dentures	5.1 New		
	5.2 Repair/modification		
6. Fixed prosthetics	6. Fixed prosthetics		
7. Oral surgery / oral medicine	7.1 Extractions		
	7.2 Other surgery / oral medicine		
8. Other	8. Other		

* Subject to satisfactory improvement in oral hygiene:

Items

* Subject to satisfactory stabilisation of the periodontium:

Items

* Subject to satisfactory stabilisation of caries:

Items

DRO:

Date of report:

Explanatory Notes

1. A number of treatment options may be given for a particular tooth/teeth, from which a treatment plan to produce a health gain might be developed.

2. Where an item of treatment is denoted by an asterisk, the suggested treatment option is dependent on a satisfactory outcome in another treatment area, as detailed below the treatment needs grid.

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