

Republic of the Philippines  
Department of Education  
**HEALTH AND NUTRITION CENTER**  
Pasig City

**ORAL HEALTH EXAMINATION RECORD FOR TEACHING  
AND NON-TEACHING PERSONNEL**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Region: \_\_\_\_\_ Division: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_  
Designation: \_\_\_\_\_

Medical History:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Allergies     |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Cardio Vascular Dis. | <input type="checkbox"/> Asthma            |  |

Please Specify \_\_\_\_\_

**DENTITION STATUS**

**INDEX: DMFT**

Status																	
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
Status																	

No. of T/Decayed	X -
	F -
No. of T/Missing	
No. of T/Filled	
<b>Total</b>	

**TREATMENT RECORD**

DATE	TOOTH NO.	NATURE OF OPERATION	REMARKS	DENTIST

Periodical Condition:

- Normal  
 Gingivitis  
 Periodontal Disease  
Other Abnormal Conditions \_\_\_\_\_

Please Specify \_\_\_\_\_

DENTAL PROSTHESES

- Denture wearer:  Y  N  
Please Specify: \_\_\_\_\_  
Need for Denture:  Y  N  
Please Specify: \_\_\_\_\_

Remarks: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
Remarks: \_\_\_\_\_

**SYMBOLS FOR MOUTH EXAMINATION**

- |  |  |
|--|--|
| X - Carious tooth indicated for extraction | F2 - Permanently filled tooth with recurrence of decay |
| F - Carious tooth indicated for filling    | Heavy shade - Permanent filling                        |
| RF - Root fragment                         | Outline of filling - tooth with temporary filling      |
| O - Missing tooth                          |  |

**Artificial Restoration:**

- JC - Jacket crown  
AB - Abutment  
P - Pontic  
I - Inlay  
RPD - Removable Partial Denture  
FB - Fixed Bridge  
CD - Complete Denture

**SYMBOLS FOR ACCOMPLISHMENT**

- OP - Oral Prophylaxis  
Xt - Extracted permanent tooth  
Ag F - Amalgam Filling  
Sy F - Synthetic porcelain  
GIC - Glass Ionomer Cement  
ZnO F - Zinc Oxide Filling  
R - Referred to private dentist