

Control Program

Name: _____
 N2O Anes Local Spray Patch Headphone Movie Blanket

Date							Remarks
Chief Concern							
Recare Interval							
Exam Interval							
H.H. Reviewed							
Blood Pressure							
X-Rays							
Plaque							
Calculus							
Stain							
Bleeding							
Brush Frequency							
Floss Frequency							
Home Care Aids							
Recommend/ Remarks							
Fluoride							
Sugar/Diet							
Tobacco Use							
Oral Cancer Eval.							
Gums AAP Case Type Level							
Decay Level							
Diagnodent							
Diagnodent							
Diagnodent							
Diagnodent							
TMJ							
Bite							
Missing Teeth							
Implant/ Date/ PA							
Implant Mobility/ BoneLoss							
Implant Pl/Ca/BOP							
Implant Aides							
Appearance							
5 Year Review							