

# Dental Charting

Name: \_\_\_\_\_

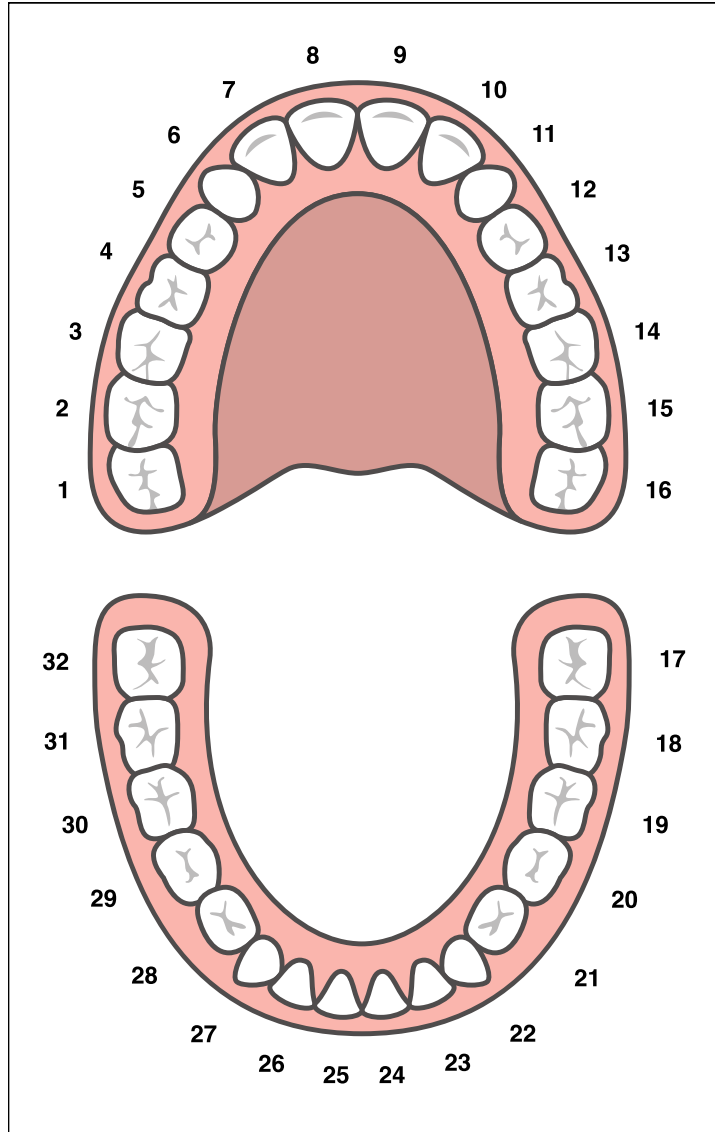
Date of birth: \_\_\_\_\_

Contact information: \_\_\_\_\_

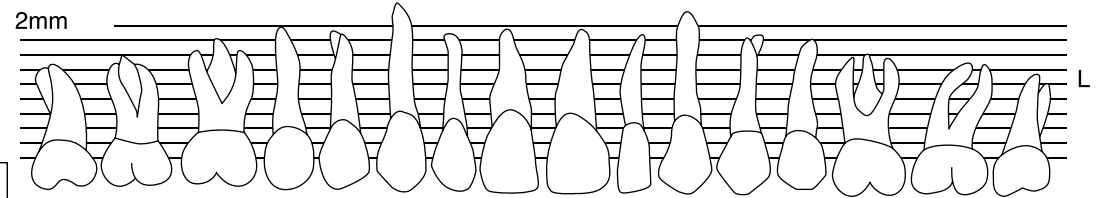
Gender: \_\_\_\_\_

Patient number: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

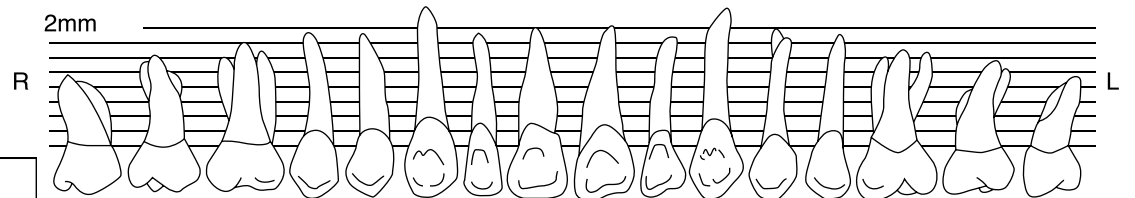


## Buccal



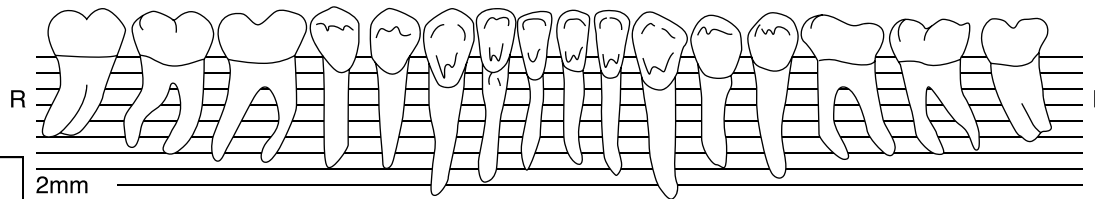
	Date																	
Recession																		
Pocket depth																		
Mobility																		

## Palatal



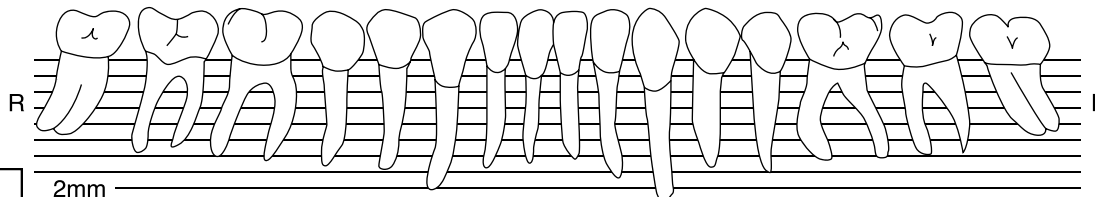
	Date																	
Recession																		
Pocket depth																		

### Lingual



	Date	2mm																					
Recession																							
Pocket depth																							

### Buccal



	Date	2mm																					
Recession																							
Pocket depth																							
Mobility																							

### Additional notes

National Examining Board for Dental Nurses (2015). *Dental charting*. <https://www.nebdn.org/app/uploads/2019/05/NEBDN-Dental-Charting-Book-October-18.pdf>

<https://www.carepatron.com/>

Date	Tooth number	Condition / treatment needed

Dentist's name: \_\_\_\_\_

Signature: \_\_\_\_\_

License number: \_\_\_\_\_

Date: \_\_\_\_\_