Perio Chart Form

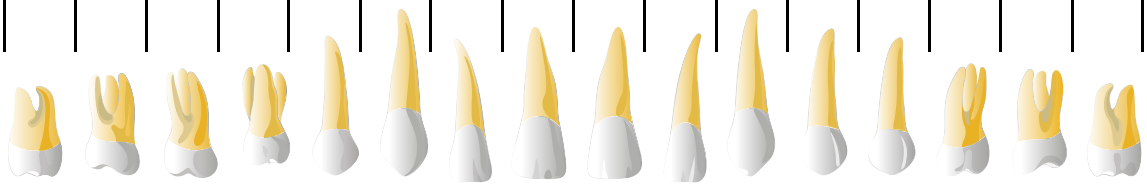
Patient's name: _____ **Age:** _____ **Visit date:** _____

Init

Probe

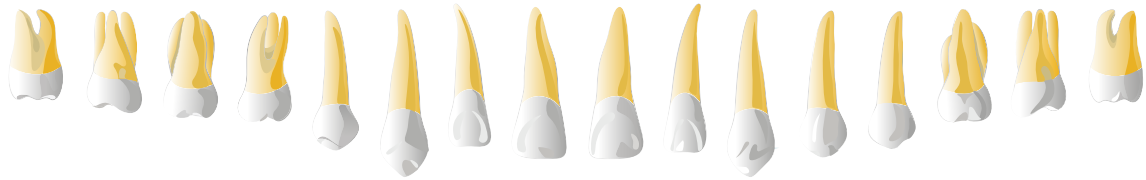
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Date:	1																	3
Date:	2																	2
Date:	3																	1

Facial



R L

Lingual



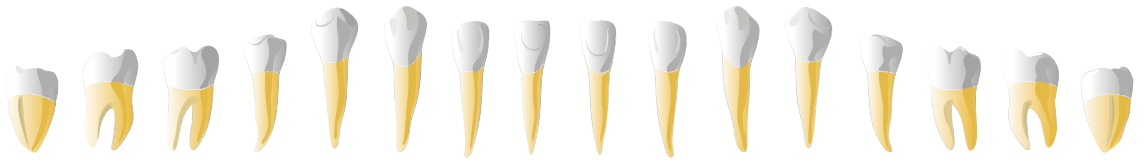
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Probe

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1																	1
2																	2
3																	3
Upper mobility																	
	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
Lower mobility																	
3																	3
2																	2
1																	1

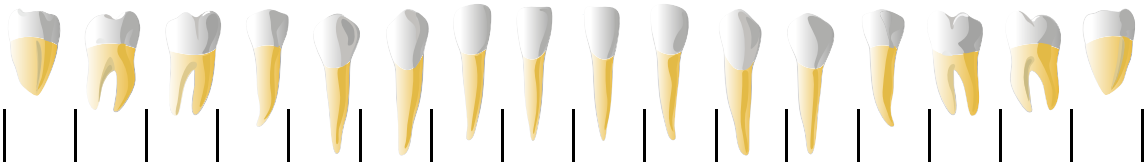
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Lingual



R L

Facial



		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
Date:	1																	3
Date:	2																	2
Date:	3																	1

Probe

Charting key

- **PD:** Pocket depth (in mm)
- **REC:** Gingival recession (in mm)
- **CAL:** Clinical attachment level (in mm)
- **BOP:** Bleeding on probing (Yes)