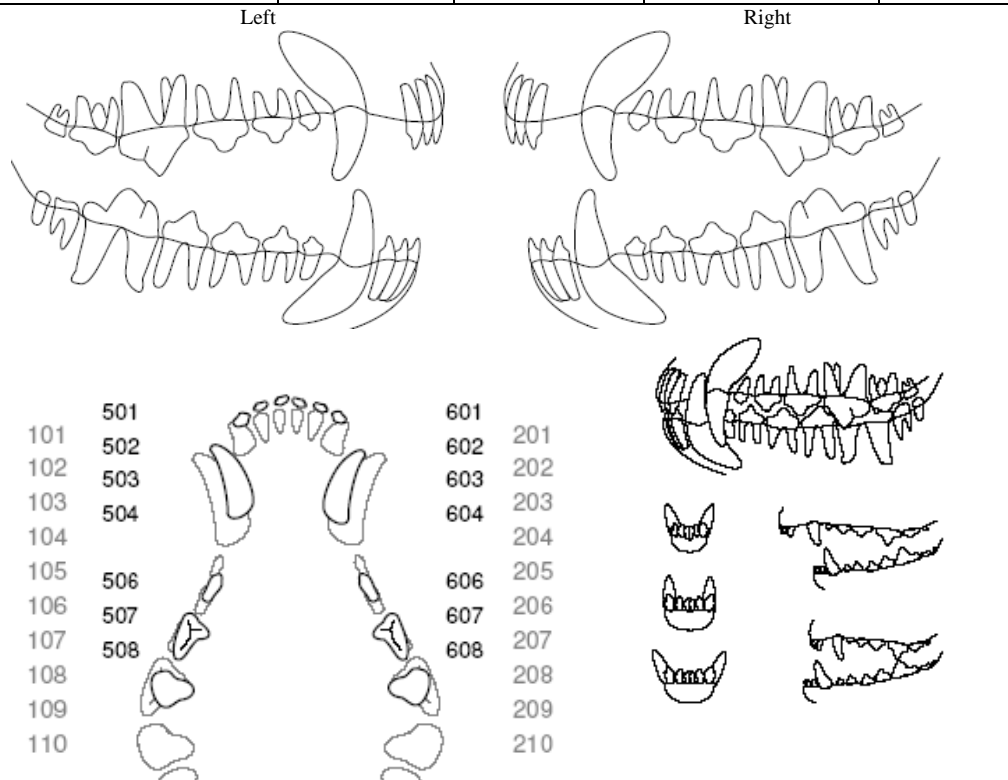


Puppy Dental Assessment Chart

Owner: _____ Code: _____
 Patient: _____

Breed _____ Age _____ Sex _____ Weight _____ Date _____



| | | | | |
|--|--|--|---|--|
| <p>RHS</p> <p>411 410 409 408 407 406 405 404 403 402 401</p> | <p>808 807 806 804 803 802 801</p> | <p>LHS</p> <p>311 310 309 308 307 306 305 304 303 302 301</p> | <p>AB Abrasion AT Attrition CA Caries DT Deciduous Tooth E/D Enamel Defect E/H Enamel Hypoplasia FX Fracture G/B Buccal Granuloma G/E Gingival Enlargement GR Gingival Recession OM Oral Mass</p> | <p>Code Key</p> <p>ONF Oral Nasal Fistula PE Pulp Exposure TR Tooth Resorption 1 Enamel Only 2 Into Dention 3 Into Pulp 4 RL# w/Extensive structural damage 5 Crown Lost- RRT Root Tip Remains SN Supernumery ST Stomatitis</p> |
|--|--|--|---|--|

Treatment

- | | | |
|--|---|---|
| <p>Prophylaxis</p> <ul style="list-style-type: none"> <input type="checkbox"/> Curettage <input type="checkbox"/> Exploration <input type="checkbox"/> Fluoride Treatment <input type="checkbox"/> Hand Scaling <input type="checkbox"/> Polishing <input type="checkbox"/> Root Planing <input type="checkbox"/> Ultrasonic/Sonic <input type="checkbox"/> Varnish (Sealing) <p>Oral Surgery</p> <ul style="list-style-type: none"> <input type="checkbox"/> Epulis Removal <input type="checkbox"/> Fistula Repair <input type="checkbox"/> Fracture Repair (Bone) <input type="checkbox"/> Fractured Tooth Repair <input type="checkbox"/> Frenectomy/Frenotomy <input type="checkbox"/> Impression/Stone Model <input type="checkbox"/> Laser Treatment <input type="checkbox"/> Mandibulectomy <input type="checkbox"/> Maxillectomy <input type="checkbox"/> Mucoperiosteal Flap <input type="checkbox"/> Odontoplasty <input type="checkbox"/> Ostectomy <input type="checkbox"/> Pins <input type="checkbox"/> Pulp Capping (Indirect) <input type="checkbox"/> Reimplant Tooth <input type="checkbox"/> Splint (Acrylic) <input type="checkbox"/> Splinting (Interdenal) <input type="checkbox"/> Sutures (Abs/Non) <input type="checkbox"/> Tumor Removal <input type="checkbox"/> Wiring (Interdenal) <input type="checkbox"/> Wiring (Interosseu) <input type="checkbox"/> Other _____ | <p>Periodontal Surgery</p> <ul style="list-style-type: none"> <input type="checkbox"/> Biopsy (Bone/Tissue) <input type="checkbox"/> Curettage (Open) <input type="checkbox"/> Flap (Double Reverse/Open /Reposition/Sliding) <input type="checkbox"/> Gingivectomy/Gingivoplasty <input type="checkbox"/> Graft (Gingiva/Bone) <input type="checkbox"/> Guided Tissue Regeneration <input type="checkbox"/> Implant <input type="checkbox"/> Laser Surgery <input type="checkbox"/> Splinting (Periodontal) <input type="checkbox"/> Sutures (Abs/Non Abs) <p>Orthodontics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acrylic (Devices) <input type="checkbox"/> Brackets <input type="checkbox"/> Elastic Device <input type="checkbox"/> Expansion Device <input type="checkbox"/> Impression/Stone Mode <input type="checkbox"/> Inclined Plane <input type="checkbox"/> Orthodontic Device <input type="checkbox"/> Splinting <p>Endodontics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Apicoectomy <input type="checkbox"/> Pulp Capping (Direct) <input type="checkbox"/> Pulpotomy (Vital) <input type="checkbox"/> Root Canal (Single/Double/Triple) <input type="checkbox"/> Calcium Hydroxide <input type="checkbox"/> Gutta Percha (points) <input type="checkbox"/> GP (Thermoplastic) | <p>Restorations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crown (Cap) <input type="checkbox"/> Crown Lengthening <input type="checkbox"/> Crown Preparation <input type="checkbox"/> Fillings _____ <input type="checkbox"/> Post <p>Exodontics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alveoloplasty <input type="checkbox"/> Crown Reduction <input type="checkbox"/> Extraction <input type="checkbox"/> Extraction (Deciduous) <input type="checkbox"/> Extraction (Root Remnant) <input type="checkbox"/> Flap Gingival <input type="checkbox"/> Hemisection/Section <input type="checkbox"/> Odontoplasty <input type="checkbox"/> Root Amputation <input type="checkbox"/> Sutures (Abs/Non) <input type="checkbox"/> Other _____ <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Antibiotic Injection <input type="checkbox"/> Synthetic Bone - Consil Program <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Local Anesthetic Pain Block <input type="checkbox"/> Occlusal Assessment <input type="checkbox"/> Oral Radiography _____ <input type="checkbox"/> Subgingival Antibiotic - Doxirobe <input type="checkbox"/> Post-Operative Pain Inj <input type="checkbox"/> Pre-Anesthetic Check <input type="checkbox"/> Pre-Anesthetic Pain Med |
|--|---|---|

Routine Home Dental Care

The efficient daily use of a soft bristled toothbrush, with appropriate animal toothpaste, is still the only proven method for long term control of plaque and gum disease.

Chewing exercise is beneficial as it stimulates natural tooth cleaning and protection mechanisms. In general hard chewing objects are not a good idea as many animals damage their teeth and gums on them, and swallowed pieces can cause serious problems. Avoid feeding soft sticky foods and never give items containing sugar or oil/fat as treats.

Special Instructions

- { } No food tonight
- { } No chew bones or toys for _____ days
- { } Feed light meal tonight
- { } Soften food for _____ days
- { } Oral rinse
- { } Pain medication dispensed to go home
- { } Antibiotic medication dispensed to go home
- { } Medical progress examination in 7 days and again in _____ months

Dr. Brett Beckman, FAVD, DAVDC & Dr. Nossaman, FAVD