# Feline Dental Assessment Chart

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td><strong>Owner:</strong></td>
<td><strong>Patient:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breed</td>
<td>Age</td>
<td>Sex</td>
<td>Weight</td>
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</table>

**Oral Exam and Diagnosis**

- Prior dentistry: ________________
- Presenting complaint: __________________
- ____________________________
- Perio pockets: ____________________________
- Gingival recession: ____________________________
- Osseous recession: ____________________________
- Mobile teeth: ____________________________
- Missing teeth: ____________________________
- Fractured teeth: ____________________________
- Radiographs: ____________________________
- Other pathology/findings: ____________________________

- Palate ____________________________
- Lymph Nodes ____________________________
- Tongue ____________________________
- Salivary Papilla ____________________________
- Tonsils ____________________________

Gingivitis Index 0 1 2 3
Plaque Index 0 1 2 3
Calculus Index 0 1 2 3
Occlusion Class 0 1 2 3 4
### Treatment

#### Prophylaxis
- Curettage
- Polishing
- Root Planing
- Ultrasonic / Sonic

#### Oral Surgery
- Epulis Removal
- Fistula Repair
- Fracture Repair (Bone)
- Fractured Tooth Repair
- Mandibulectomy
- Maxillectomy
- Mucoperiosteal Flap
- Odontoplasty
- Ostectomy
- Pulp Capping (Indirect)
- Reimplant Tooth
- Sutures (Abs/Non)
- Tumor Removal
- Wiring (Interdental)
- Wiring (Interosseu)
- Other

#### Periodontal Surgery
- Biopsy (Bone/Tissue)
- Curettage (Open)
- Flap (Double Reverse/Open / Reposition/Sliding)
- Gingivectomy/Gingivoplasty
- Graft (Gingiva/Bone)
- Guided Tissue Regeneration
- Splinting (Periodontal)
- Sutures (Abs/Non Abs)

#### Orthodontics
- Bite Block
- Brackets
- Elastic Device
- Inclined Plane
- Splinting

#### Endodontics
- Apicoectomy
- Calcium Hydroxide
- GP Thermoplastic/Cones
- Gutta Flow
- Mineral Trioxide Aggregate
- Pulp Capping (Direct)
- Pulpotomy (Vital)
- Root Canal (Single/Double/Triple)

#### Restorations
- Crown (Cap)
- Crown Impression
- Crown Lengthening
- Crown Preparation
- Bonding/Restoration
- Glass Ionomer

#### Exodontics
- Alveoloplasty
- Crown Reduction
- Extraction
- Extraction (Deciduous)
- Extraction (Root Remnant)
- Flap Gingival
- Hemisection/Section
- Odontoplasty
- Root Amputation
- Sutures (Abs/Non)
- Other

#### Other
- Antibiotic Injection
- Bone Graft
- Discuss Homecare Program
- General Anesthesia
- Subgingival Antibiotic – Doxirobe

#### Procedures/Treatments
- Professional prophylaxis: ________
- CHX/Fluoride: ________
- Periodontics: ________
- Endodontics: ________
- Restorations: ________
- Extractions: ________
- Oral Surgery: ________
- Orthodontics: ________
- Other Treatments: ________
- Future Treatment Plans: ________

#### Code Key

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>AB</td>
<td>Abrasion</td>
</tr>
<tr>
<td>AT</td>
<td>Attrition</td>
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<tr>
<td>DT</td>
<td>Deciduous Tooth</td>
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<tr>
<td>E/D</td>
<td>Enamel Defect</td>
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<tr>
<td>E/H</td>
<td>Enamel Hypoplasia</td>
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<tr>
<td>FX</td>
<td>Fracture</td>
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<tr>
<td>G/B</td>
<td>Buccal Granuloma (Cheek chewing lesion)</td>
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<tr>
<td>G/H</td>
<td>Gingival Hyperplasia</td>
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<td>Oral Mass</td>
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<td>Pulp Exposure</td>
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<td>RPC</td>
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<td>E</td>
<td>Enamel Only</td>
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<td>2</td>
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<td>Into Pulp</td>
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<tr>
<td>4</td>
<td>RL3 w/Extensive structural damage</td>
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<tr>
<td>5</td>
<td>Crown Lost-Root Tips Remain</td>
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<tr>
<td>RRT</td>
<td>Retained Root Tip</td>
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<tr>
<td>SN</td>
<td>Supernumerary</td>
</tr>
<tr>
<td>ST</td>
<td>Stomatitis</td>
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</tbody>
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