



TATYASAHEB KORE DENTAL COLLEGE AND RESEARCH CENTRE

NEW PARGAON – 416 113

Tal.: Hatkanangale Dist.:Kolhapur (Maharashtra State)

National Dental Commission

INFORMATION REGARDING INSTITUTIONAL COMPLIANCE



4. Clinical Compliance

4.2 Student clinical work registers are updated regularly.

Seat No.

49457 21

University Exam No.

49457

Mahatma Gandhi Charitable Medical Trust, Warananagar

**TATYASAHEB KORE DENTAL COLLEGE & RESEARCH CENTRE,
NEW PARGAON**

RECOGNISED BY DENTAL COUNCIL OF INDIA, NEW DELHI

**AFFILIATED TO MAHARASHTRA UNIVERSITY OF
HEALTH SCIENCES, NASHIK**



Est : 1 9 9 2

**DEPARTMENT OF
PUBLIC HEALTH DENTISTRY
CLINICAL WORK RECORD BOOK**

NAME Aishwarya Avinash Lokare

CLASS Final year ROLL NO. PK

YEAR 2021-23

Dr. Harish Kulkarni M.D.S
Principal
T. K. D. C. & Research Centre,
New Pargaon, Tal. Hatkanangle
Dist. Kolhapur 416 137

Mahatma Gandhi Charitable
Medical Trust, Warananagar



TATYASAHEB KORE DENTAL COLLEGE

& RESEARCH CENTRE,
NEW PARGAON

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

CERTIFICATE

This is to certify that Mr./ Miss Aishwarya Lokare
Reg. No. 49457 has satisfactorily completed

the curriculum and required field work in Public Health Dentistry as
prescribed by the MAHARASHTRA UNIVERSITY OF HEALTH
SCIENCES, NASHIK from 29/11/21 to 20/01/23
^(III Yr) _{19/12/11} ^(IV Yr) _{9/2/23}

Date 2/8/23

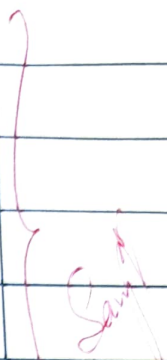
Signature of the Incharge



Dr. Haresh Kulkarni M.D.
Principal
T. K. D. C. & Research Centre,
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Dist. Kolhapur 416 197

Head of the Department
Head of the Department
Department of Public Health Dentistry
T. K. D. C. & R. C. New Pargaon

INDEX

Sr.No.	Work Done	Remark	Staff Sign.
01	Yashodha Solbhe Case history recorded DMFT and OHIS taken		
02	Keanti Sabale Case history recorded DMFT and OHIS taken		
03	Varant Mane Case history recorded DMFT and OHIS taken		
04	Rekha Sawant Case history recorded DMFT and OHIS taken		
05	Sanika Patil Case history recorded DMFT and OHIS taken		
06	Namrata Patil Case history taken DMFT and OHIS taken	<p>Dr. Harish Kulkarni M.D.S Principal T. K. D. C. & Research Centre New Pargaon, Tal. Hatkenangle Dist. Kolhapur 416137</p>	

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COMPREHENSIVE ORAL HEALTH ASSESSMENT FORM

1. General Information

Name: Ms. Yashodha Subhash Solashe

Age: 61 years Gender: Female

Occupation: Farmer

Income: Rs 2,00,000 per annum (12)

Literacy Level: Primary schooling

Socio Economic Status: Upper middle (25)

Place of Birth: Ruxedu Tal. Kawas Dist. - Kolhapur

Residence Since 12 Years of Age: Behind mauathi high school, Male Tal. Panhala

Address: Male Tal. Panhala Dist. - Kolhapur

2. Chief Complaint -

Patient complains of missing teeth in lower left back teeth region since 1 month.

3. History of Present Illness

Patient was apparently alright 1 month ago when she experienced pain due to decayed teeth followed by extraction

4. Medical History

a) Past-Medical history: Patient is hypertensive

b) Infection: No relevant history

c) Prior hospitalization: Patient had undergone orthopedic operation

d) Allergies and adverse drug reaction: No relevant history

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Dist. Kolhapur 416137

e) Current medical treatment: No relevant history

5. Past Dental History

patient had undergone extraction of 27 under local anesthesia without any complication 1 month ago.

6. Family History

No relevant history

7. Personal History

- a) Marital status : Married
- b) Number of siblings : 4

8. Personal Habits

A) Oral Hygiene Habits

- a) Agent : Finger and toothpaste (colgate)
- b) Frequency: once a day
- c) Type of brushing method : Horizontal scrub
- e) Frequency of changing brush : —
- f) Reason for changing : —
- g) Other oral hygiene aids : —

b) Parafunctional Habits-

- a) Mouth breathing - Present / Absent ✓
- b) Lip biting - Present / Absent ✓
- c) Tongue Thrusting - Present / Absent ✓
- d) Thumb Sucking - Present / Absent ✓
- e) Nail Biting - Present / Absent ✓

c) Adverse Habits

a) Tobacco consumption

- I. Smoking: —
- II. In other form: —

b) Pan chewing: —

c) Alcoholism: —

d) Any other : —

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9. Dietry Habits

- a) Vegetarian
- b) mixed ✓

10. Diet Chart

S.No.	Time	Food/Drink	Form of Sugar	Sugar Score
01	6:30 am	Tea + Biscuit	Liquid + solid	5+10
02	10:50 am	Khakri + Sabji + Rice and Dal		
03	3:30 pm	Tea + Biscuit	Liquid + solid	5+10
04.	9:00 pm	Rice and dal + Chapatti and sabji		

Sweet score (Nisel and Papas) = $15 + 15 = 30$ (Watch out zone)

11. Frequency of Sugar Consumption

- i) At meal sugar exposure (AMSE) - —
- ii) Between meal sugar exposure (BMSE) - 2
- Total sugar exposure - 2

12. General Examination

- a) Built - Mezomorph
- b) Gait - Normal
- c) Posture - Erect

13. VITAL SIGNS

- a) Temperature - Afebrile on touch
- b) Blood Pressure - —
- c) Pulse - 78 beats/min
- d) Respiratory Rate - 16 cycles/min

14. Extra ORAL EXAMINATION

- a) Facial Symmetry - No abnormality detected
- b) Lymph Nodes - Non tender and non palpable
- c) TMJ - Non tender and clicking sound present
- d) Lips - Competent

15. INTRA ORAL EXAMINATION

A) Soft Tissue Examination

- a) Mucosa : No abnormality detected
b) Vestibule : No abnormality detected
c) Hard palate : No abnormality detected
d) Soft palate : No abnormality detected
e) Oropharynx : No abnormality detected
f) Tongue : No abnormality detected
g) Floor of mouth : No abnormality detected
h) Salivary gland opening : No abnormality detected
i) Any other finding : —

Colour : Pale pink

Size and shape : Class I and anterior pyramidal posterior-tent shaped

Contour : accentuated

Consistency : soft and edematous

Position : apical to C-I

Bleeding on Probing : Present

Texture : Loss of stippling

k) Periodontium :

Pocket : Present

Loss of attachment : Present

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B) Hard Tissue Examination

l) Dental Status

Teeth Present :

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8

Teeth Decayed : Proximal caries \approx 15, 25; Grossly decayed \approx 35
Pit and fissure caries \approx 47

Teeth Missing : \approx 16, 17, 27, 32, 33, 34, 46

Teeth Filled : —

Root Stumps : —

Hypersensitivity : —

Attrition : —

Abrasion : —

Erosion : —

Fracture If Any : —

m) Occlusion : —

n) Relavant Indices Recorded

1938 - DMFS by Henry J. Klein, Carrole and Palmer,
Knutson J.W.

1964 - OHIS - by John G. Green, Jack R. Vermillion

16. Provisional Diagnosis

Chronic reversible pulpitis \approx 15, 25, 47

false partial anodontia \approx 16, 17, 27, 32, 33, 34, 46

Chronic irreversible pulpitis \approx 35

Chronic generalized periodontitis

17. Investigations Required

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18. Final Diagnosis

Chronic irreversible pulpitis \bar{c} 35

Chronic reversible pulpitis \bar{c} 15, 25, 47

False partial anodontia \bar{c} 16, 17, 27, 32, 33, 34, 46

Chronic generalized periodontitis

19. Comprehensive Treatment Plan-

A. Emergency Phase -

RCT \bar{c} 35

B. Preventive Phase-

Oral prophylaxis

Diet counselling

Oral hygiene instructions

C. Curative Phase

GIC/amalgam/composite restoration \bar{c} 15, 25, 47

D. Rehabilitative Phase

Fixed / removable prosthesis / Implant \bar{c} 16, 17, 27, 32, 33, 34, 46

E. Maintenance Phase

Patient is recalled after 6 months to check the oral hygiene status.

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20. AT PROFESSIONAL LEVEL

A. PRIMARY LEVEL OF PREVENTION

1. Health Promotion

Diet counselling
Proper teeth brushing technique

2. Specific Protection

Use of chlorhexidine mouthwash (0.2%)

B. SECONDARY LEVEL OF PREVENTION

1. Early Diagnosis and Prompt Treatment

Oral prophylaxis
GIC / Composite / Amalgam restorations \bar{c} 15, 25, 27

C. TERTIARY LEVEL OF PREVENTION

1. Disability Limitation

RCT \bar{c} 35

2. Rehabilitation

Fixed / Removable prosthesis / Implant \bar{c} 16, 17, 27, 32, 33,
34, 46

21. AT INDIVIDUAL LEVEL

A. INDIVIDUAL LEVEL OF PREVENTION

1. Health Promotion

Periodic visit to dental office

Diet planning

2. Specific Protection

Use of toothbrush and fluoridated toothpaste

Use of chlorhexidine mouthwash (0.2%)

B. SECONDARY LEVEL OF PREVENTION

1. Early Diagnosis and Prompt Treatment

Self examination and referral utilization of dental services

C. TERTIARY LEVEL OF PREVENTION

1. Disability Limitation

Utilization of dental services

2. Rehabilitation

Utilization of dental services

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22. AT COMMUNITY LEVEL

A. COMMUNITY LEVEL OF PREVENTION

1. Health Promotion

Dental health education program about teeth brushing technique and oral hygiene

2. Specific Protection

Provision of oral hygiene
Dental health programs

B. SECONDARY LEVEL OF PREVENTION

1. Early Diagnosis and Prompt Treatment

Periodic screening and referral provision of dental services

C. TERTIARY LEVEL OF PREVENTION

1. Disability Limitation

Provision of dental services

2. Rehabilitation

Provision of dental services.

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ORAL HYGIENE INDEX - SIMPLIFIED (OHI-S)

Name of patient : Mrs. Yashodha Solse Date : _____
 Address : Male Age : 61 years
 Oral Hygiene habits : Teeth brushing 2/30 Sex : Female
 Adverse Habits (if any) : _____
 Intra Oral Examination : _____

Simplified Debris index

16	11	26
-	1	1
1	1	1
55	31	36

$\frac{5}{5} = 1$

Debris (DI-S) Score = 1

Good Fair Poor

Simplified Calculus index

16	11	26
	1	1
1	1	1
45	31	36

$\frac{5}{5} = 1$

Calculus (CI-S) Score = 1

Good Fair Poor

Oral Hygiene of the patient is

OHI-S = DI-S + CI-S

$\frac{1+1}{1+1} = 2$

Good Fair Poor

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Staff Signature

DMFT / DMFS INDEX

Name of patient: Yashodha Solanke

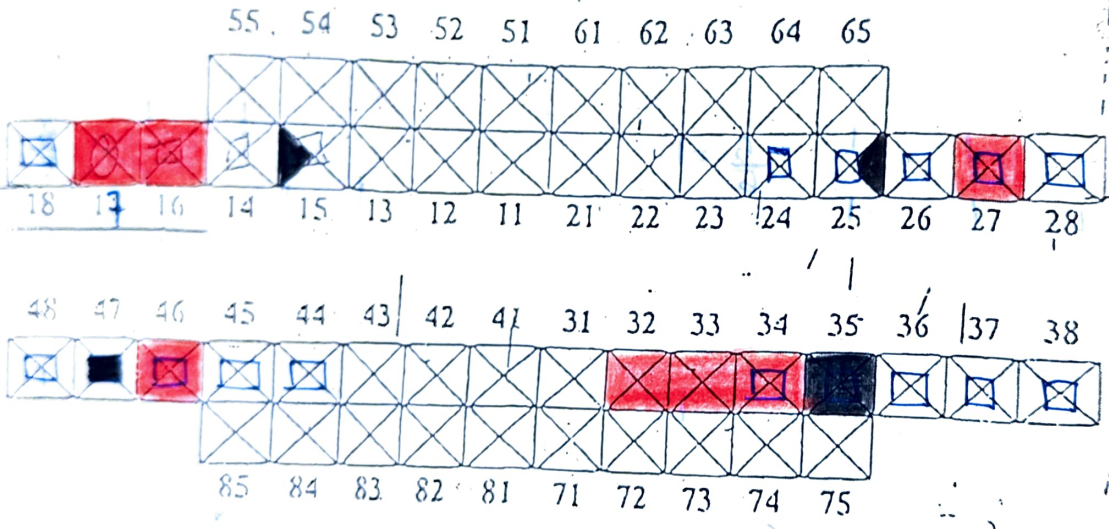
Date: _____

Occupation: Farmer

Age: 61 years Sex: Female

Oral Hygiene habits: Toothbrushing

Adverse Habits (if any): _____



DMFT / dft

D: 4 d: _____

M: 7 m: _____

F: 6 f: _____

11

DMFT / dfs

DS: 7 ds: _____

MS: 33 ms: _____

FS: 0 fs: _____

40

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Signature of _____

1. General Information

Name Mrs. Kanti Sabale
 Age 29 years Gender Female
 Occupation Housewife
 Income Rs 1,00,000 (10)
 Literacy level M.A. (6)
 Socioeconomic Status - Lower middle (III)
 Place of Birth - Manpada
 Residence since 12 years of Age - Pokhale
 Address Pokhale, dist. - Kolhapur

2. Chief complaint - Patient complains of pain in lower right back teeth region of jaw since 12 days

3. History of Present Illness
 Patient was apparently alright 12 days ago when she experienced a sharp, shooting, continuous, throbbing type of pain which was radiating to ear and aggravated on hot and cold food intake and relieved on medication.

4. Medical History

- a) Past Medical history No relevant history
- b) Infection -
- c) Prior hospitalization -
- d) Allergies and adverse drug reaction -
- e) Current medical treatment -

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5. Past Dental History - Patient had undergone extraction under local anesthesia without any complication 8 years ago of 14.

6. Family History - Patient's father is hypertensive

7. Personal History

a) Marital status : Married

b) Number of siblings : 2

8. Personal Habits

A) Oral Hygiene Habits : toothbrush and toothpaste (Colgate)

a) Agent toothbrush and toothpaste (Colgate)

b) Frequency - once a day

c) Type of brushing method - Horizontal / scrub method

d) Frequency of changing brush - once a day

e) Other oral hygiene aids :- floss -

B) Parafunctional Habits

a) Mouthbreathing Absent

b) Lip biting Absent

c) Tongue thrusting Absent

d) Thumb sucking Absent

e) Nail biting Absent

C) Adverse Habits

a) Tobacco consumption

I] Smoking :- -

II] In other form :- -

b) Pan chewing -

c) Alcoholism -

d) Any other -

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9. Dietary Habits - Vegetarian .

10. Diet Chart

S.No	Time	Food/Drink	Form of sugar	Sugar score
1.	9:30 am	Chapati, bhaji, Tea	Liquid	5
2.	1:30 pm	Chapati, bhaji, rice and dal	-	0
3.	5:30 pm	Tea	Liquid	5
4.	9:30 pm	Bhakarai, bhaji rice and dal	-	0

Sweet score (Nisel et Papas) = 10 (Good)

Interpretation = Good

11. Frequency of Sugar Consumption

i) At meal sugar exposure (AMSE) -

ii) Between meal sugar exposure (BMSE) 2

Total sugar exposure 2

12. General Examination

a) Built Mesomorphic

b) Gait Normal

c) Posture Erect

13. Vital Signs

a) Temperature - Afebrile on touch

b) Blood pressure - Not measured

c) Pulse - 72 beats/min

d) Respiratory rate - 14 cycles/min

14. Extraoral examination

a) Facial symmetry Bilaterally symmetrical

b) Lymph node Non tender and non palpable

c) TMJ No deriation, No clicking sound

d) Lips Competent

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15 Intraoral Examination

A) Soft tissue examination

a) Mucosa - No abnormality detected

b) Vestibule - No abnormality detected

c) Hard palate - No abnormality detected

d) Soft palate - No abnormality detected

e) Oropharynx - No abnormality detected

f) Tongue - No abnormality detected

g) Floor of mouth - No abnormality detected

h) Salivary gland opening - No abnormality detected

i) Any other findings - -

Colour Pale pink with pigmentation

Size and shape Ant. - Pyramidal, Post. - tent shaped

Contour scalloped

Consistency firm and resilient

Position above CTJ

Bleeding on probing -

Texture Stippling present

k) Periodontium

Pocket -

Loss of attachment -

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B) Hard tissue Examination

1) Dental Status

Teeth present: 18 17 16 15 13 12 11 21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

Teeth decayed - Pit and fissure caries \bar{c} 15, 16, 24, 36
Deep occlusal caries \bar{c} 46

Teeth Missing - 14

Teeth filled - —

Root stumps - —

Hypersensitivity - —

Attrition - —

Abrasion - —

Erosion - —

Fracture if any - —

2) Occlusion Angle's Class I^o occlusion \bar{c} molar relation.

3) Relevant Indices Recorded

1938 - DMFS \rightarrow By Henry T. Klien, Carole F. Palmer
Knutson J. W.

1964 - OHIS \rightarrow By John E. Green, Jack R. Vermillion.

4) Provisional Diagnosis

Chronic irreversible pulpitis \bar{c} 46

Chronic reversible pulpitis \bar{c} 15, 16, 24, 36

False partial anodontia \bar{c} 14

Chronic generalised gingivitis

5) Investigations Required

IOPA \bar{c} 46

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18) Final Diagnosis

- Chronic irreversible pulpitis \bar{c} 46
- Chronic reversible pulpitis \bar{c} 15, 16, 24, 36
- Pulse partial anodontia \bar{c} 14
- Chronic generalized gingivitis

19) Comprehensive Treatment Plan

A) Emergency phase - Not required

B) Preventive Phase Oral Prophylaxis
Diet counselling, habit counselling
Oral hygiene instructions

C) Curative Phase
GIC/Amalgam/Composite restoration \bar{c} 15, 16, 24, 36
RCT \bar{c} 46

D) Rehabilitative Phase
Implant / Removable / Fixed prosthesis \bar{c} 14

E) Maintenance Phase

Patient is recalled after 6 months to check for the oral hygiene status.

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20. At Professional level

A. Primary Level of Prevention

1. Health Promotion

Diet counselling, plaque control programmes, patient education about use of soft bristled toothbrush and fluoridated toothpaste

2. Specific Protection

Use of toothbrush with toothpaste (1000 ppm) fluoridated toothpaste for brushing

Use of chlorhexidine mouthwash (0.2%)

B) Secondary level of Prevention

1. Early diagnosis and Prompt treatment

Amalgam / GIC / Composite restorations $\approx 15, 16, 24, 36$

C) Tertiary level of Prevention

1. Disability Limitation

RCT ≈ 46

2. Rehabilitation

Implant / Removable / Fixed prosthesis ≈ 14 .

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2. At individual level

A) Individual level of prevention

1. Health Promotion

Diet counselling, Plaque control programme, patient education about use of soft bristled toothbrush and fluoridated toothpaste.

2. Specific Protection

Use of toothpaste (1000 ppm) fluoridated toothpaste for brushing

Use of chlorhexidine mouthwash (0.2%) twice a day.

B) Secondary level of prevention

1. Early diagnosis and Prompt Treatment

Self examination and referral utilization of dental resources.

C) Tertiary level of Prevention

1. Disability Limitation

Utilization of dental services

2. Rehabilitation

Utilization of dental services

22. At Community Level

A] Community Level of Prevention

1. Health Promotion

Dental health education program about toothbrushing technique and oral hygiene

2. Specific Protection

Provision of oral hygiene

Dental health program

B] Secondary Level of Prevention

1. Early diagnosis and Prompt Treatment

Periodic screening and referral provision of dental service

C] Tertiary level of Prevention

1. Disability limitation

Provision of dental service

2. Rehabilitation

Provision of dental service

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ORAL HYGIENE INDEX - SIMPLIFIED (OHI-S)

Name of patient : Mu. Keanti Sabale Date : _____
 Address : A/P - Pokhale Age : 29 years
Dist. - Kolhapur
 Oral Hygiene habits : Toothbrushing Sex : Female
 Adverse Habits (if any) : — A.M.
 Intra Oral Examination : probed

Simplified Debris index

16	11	26
1	1	1
1	1	2

~~55~~ 31 36
46

Debris (DI-S) Score = $\frac{7}{6} = 1.16$

Simplified Calculus index

16	11	26
1	0	0
0	0	1

~~45~~ 31 36
46

Calculus (CI-S) Score = $\frac{2}{6} = 0.3$

Good Fair Poor

Good Fair Poor

Oral Hygiene of the patient is

OHI-S = DI-S + CI-S

$1.16 + 0.3$
= 1.46

Good Fair Poor

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Signature

DMFT / DMFS INDEX

Name of patient: Kaanti Sabale

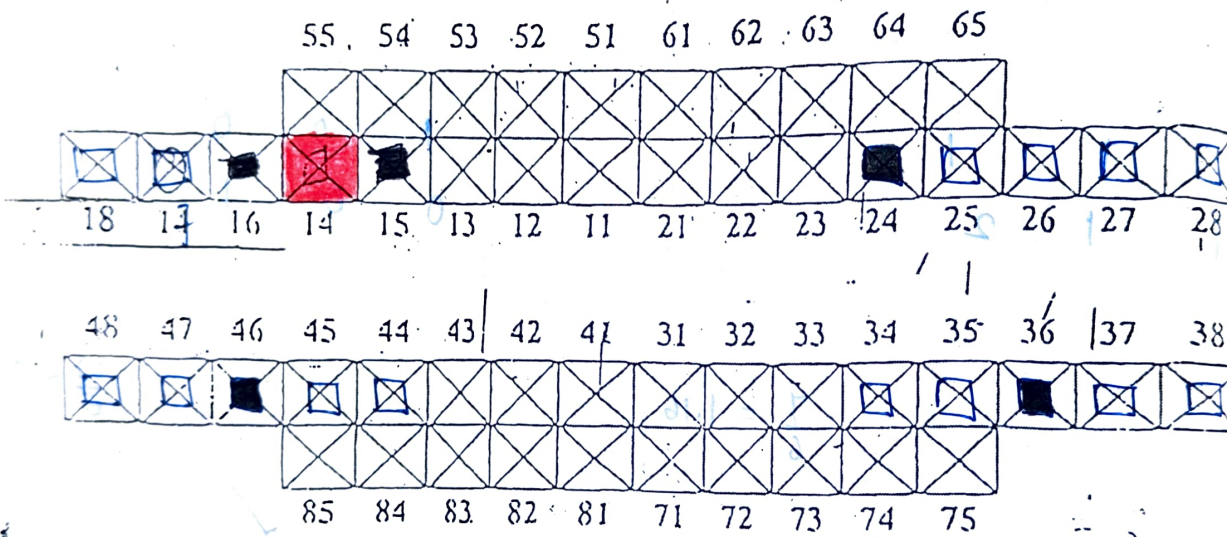
Date: _____

Occupation: M.A

Age: 29 years Sex: _____

Oral Hygiene habits: Toothbrushing

Adverse Habits (if any): _____



DMFT / dfs

D : 5 ds : _____
 M : 1 m : _____
 F : 0 f : _____

Total = 6

DMFT / dfs

DS : 5 ds : _____
 MS : 5 ms : _____
 FS : 0 fs : _____

Total = 10

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General Information

Name Mr. Vasant Mane
 Age 32 years Gender Male
 Occupation Farmer
 Income Rs. 60,000 - Rs 1,20,000/year (10)
 Literacy level 1
 Socio economic status Upper Middle Class
 Place of Birth Wathar
 Residence since 12 years of Age Wathar
 Address A/P - Wathar Tal. - Hatkanangle Dist. - Kolhapur.

Chief Complaint

Patient complains of missing teeth in the lower left back teeth region since 1 year

History of Present Illness

Patient was apparently alright 1 year ago when she experienced pain due to caries which he later got extracted

Medical History

Past Medical history No relevant history
 Infection No relevant history
 Prior hospitalization No relevant history
 Allergies and adverse drug reaction No relevant history
 Current medical treatment No relevant history

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5. Past Dental History

Patient had undergone extraction of 46, 47 under local anesthesia 3 years ago without any complication.

6. Family History

No relevant history

7. Personal history -

a) Marital status - Married

b) Number of siblings - 2

8. Personal habits

A) Oral Hygiene habits

a) Agent (Colgate) toothpaste and toothbrush

b) Frequency once a day

c) Type of brushing method scrub method

d) Frequency of changing brush 2-3 months

e) Reason for changing brush Fraying of brushes

f) Other oral hygiene aids -

B) Parafunctional Habits

a) Mouthbreathing Absent

b) Lip biting Absent

c) Tongue thrusting Absent

d) Thumb sucking Absent

e) Nail biting Absent

C) Adverse Habits

a) Tobacco consumption

i. Smoking -

ii. In other form -

b) Pan chewing -

c) Alcoholism -

d) Any other -

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9. Dietary Habits - Mixed

10. Diet Chart

S. No.	Time	Food/Drink	Form of sugar	Sugar score
1	8:00 am	Tea + Biscuit Chapatti + Bhaji	Liquid + solid	5+10
2.	2:00 am	Bhukki + Bhaji		
3.	8:00 pm	Chapatti + Bhaji		

sweet score (Nisel et Papas) = 15

Interpretation = Watchout zone

11. Frequency of sugar consumption

i) At meal sugar exposure (AMSE) = 1

ii) Between meal sugar exposure (BMSE) = 0

Total sugar exposure = 1

12. General Examination

a) Built - Normal

b) Gait - Normal

c) Posture - Erect

13. Vital Signs

a) Temperature - Afebrile on touch

b) Blood Pressure - Not recorded

c) Pulse - 72 beats/min

d) Respiratory rate - 14 cycles/min

14. Extra Oral examination

a) Facial Symmetry - Bilaterally symmetrical

b) Lymph nodes - Nontender, nonpalpable

c) TMJ - No deviation, No clicking sound

d) Lips - Competent

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15. Intraoral Examination

A) Soft tissue examination

- a) Mucosa - No abnormality detected
- b) Vestibule - No abnormality detected
- c) Hard Palate - No abnormality detected
- d) Soft Palate - No abnormality detected
- e) Oropharynx - No abnormality detected
- f) Tongue - No abnormality detected
- g) Floor of mouth - No abnormality detected
- h) Salivary gland opening - No abnormality detected
- i) Any other findings:-

colour - Pale pink

Size and shape Ant - pyramidal Post. - Tent shaped

Contour scalloped

Consistency Firm and Resilient

Position at CEJ

Bleeding on Probing Absent

Texture Stippling present

k) Periodontium

Pocket Absent

Loss of attachment Absent


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3) Hard Tissue Examination

1) Dental Status

17	16	15	14	13	12	11	21	22	23	24	25	28
45	44	43	42	41	31	32	33	34	35	36	37	

Teeth present Pit and fissure caries \bar{c} 36, 16.

Teeth missing \bar{c} 26, 27, 46, 47

Teeth filled -

Root stumps -

Hypersensitivity -

Attrition -

Erosion -

Abrasion -

Fracture if any -

Occlusion -

Relevant Indices recorded
 1938 - DMFT - By Henry Klein, Caudle & Palmer
 Knutson J.W
 1964 - OHIS - By John C. Green
 Jack Vermillion

Provisional Diagnosis
 False partial anodontia \bar{c} 26, 27, 46, 47
 Chronic reversible pulpitis \bar{c} 36, 16
 Chronic generalized marginal gingivitis

Investigations Required

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18. Final Diagnosis

Pulse partial anodontia \bar{c} 26, 27, ~~36~~, 47
Chronic reversible pulpitis \bar{c} 36, 16
Chronic generalised marginal gingivitis

19. Comprehensive Treatment Plan

A) Emergency phase
Not required

B) Preventive phase

Oral prophylaxis
Diet counselling, habit counselling
Oral hygiene instruction

C) Curative phase

Composite / Amalgam / GIC restoration \bar{c} 36, 16

D) Rehabilitative phase

Implant / Fixed / Removable prosthesis \bar{c} 26, 27, 46, 47

E) Maintenance phase

Patient is recalled after 6 months to check oral hygiene status

0. At Professional level

A) Primary level of prevention

1. Health Promotion

Diet counselling, Plaque control programme; patient education about use of soft bristled toothbrush and fluoridated toothpaste

2. Specific protection

Use of toothpaste (1000 ppm) fluoridated toothpaste for brushing

Use of chlorhexidine mouthwash (0.2%) twice a day

B) Secondary level of prevention

1. Early diagnosis and prompt treatment

Oral prophylaxis

Composite / GIC / Amalgam restoration \bar{c} 36, 16

C) Tertiary level of prevention

1. Disability Limitation

2. Rehabilitation

Implant / fixed / removable prosthesis \bar{c} 26, 27, 46, 47

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21. At individual level

A) Individual Level of Prevention

1. Health Promotion

Periodic visit to dental office
Diet planning . eat more fibrous diet

2. Specific Protection

Use of toothbrush and fluoridated toothpaste
Use of chlorhexidine mouthwash

B) Secondary Level of Prevention

a) Early diagnosis and Prompt Treatment

Self examination and referral utilization of dental resources .

c) Tertiary Level of Prevention

1. Disability Limitation

Utilization of dental services

2. Rehabilitation

Utilization of dental services


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22. At Community Level

A) Community level of Prevention

1. Health Promotion

Dental health education program about tooth brushing technique and oral hygiene

2. Specific Protection

Provision of oral hygiene

Dental health program

B) Secondary level of Prevention

1. Early diagnosis and Prompt treatment

Periodic screening and referral provision of dental services

C) Tertiary level of Prevention

1. Disability Limitation

Provision of dental service

2. Rehabilitation

Provision of dental service


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ORAL HYGIENE INDEX - SIMPLIFIED (OHI-S)

Name of patient : Mr. Vasant Mane Date : _____
 Address : Wathar Age : 32 years
 Oral Hygiene habits : Toothbrushing Sex : Male
 Adverse Habits (if any) : —
 Intra Oral Examination : _____

Simplified Debris index

16	11	28
1	1	1
0	1	0

~~55~~ 31 36
 48

Debris (DI-S) Score = $\frac{4}{6} = 0.6$

Simplified Calculus index

16	11	28
1	1	1
0	1	0

~~45~~ 31 36
 48

Calculus (CI-S) Score = $\frac{4}{6} = 0.6$

Good Fair Poor

Good Fair Poor

Oral Hygiene of the patient is

OHI-S = DI-S + CI-S
 = 0.6 + 0.6
 = 1.2

Good Fair Poor

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Staff Signature

DMFT / DMFS INDEX

Name of patient Mr. Vasant Mane

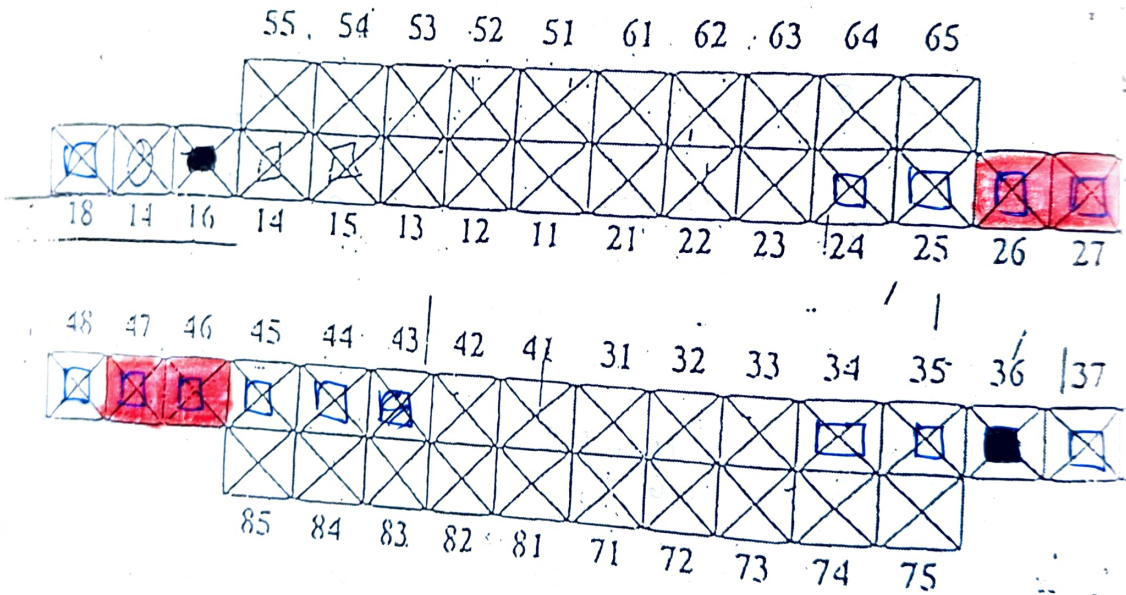
Date: _____

Occupation - Farmer

Age: 82 years

Oral Hygiene habits: Toothbrushing

Adverse Habits (if any) —



DMFT / dft

D: 2

M: 4

F: -

6

d:

m:

f:

DMFT / dfs

DS: 2

MS: 20

FS: -

22

ds:

ms:

fs:

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General Information

Name Mrs. Rekha Amol Sawant

Age 25 years

Gender Female

Occupation Housewife (1)

Income Rs 1-2 lakh / per year (10)

Literacy level 12th pass (4)

Socioeconomic status Upper middle class (16-25)

Place of birth Wangni Tal. - Walwa Dist. - Sangli

Residence since 12 years of age Wangni

Address :- A/P- Wangni Tal. - Walwa Dist. - Sangli

Chief Complaint

Patient complains of fractured teeth in the upper front teeth region since 6 months.

History of present illness

Patient had fell 6 months ago and got the anterior fractured of upper jaw.

Medical history

Past medical history No relevant history

Infection No relevant history

Prior hospitalization No relevant history

Allergies and adverse drug reaction No relevant history

Current medical treatment No relevant history

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5. Past Dental History

Patient had undergone extraction of 26, 27 under local anaesthetic one year ago without any complication

6. Family History

No relevant history

7. Personal History

a) Marital status Married

b) Number of siblings 2

8. Personal habits

A) Oral hygiene habits

a) Agent Toothbrush and toothpaste

b) Frequency twice a day

c) Type of brushing method Horizontal / scrub method

d) Frequency of changing brush every 12 months

e) Reason for changing Praying of bristles

f) Other oral hygiene aids —

B) Parafunctional Habits

a) Mouth breathing Absent

b) Lip biting Absent

c) Tongue thrusting Absent

d) Thumb sucking Absent

e) Nail biting Absent

C) Adverse habits

a) Tobacco consumption

1 Smoking —

2 In other forms —

b) Pan chewing —

c) Alcoholism —

d) Any other —

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1. Dietary Habits Mixed

2. Diet chart

S.No	Time	Food/Drink	Form of Sugar	Sugar score
1.	8:00 am	Tea (2 tbs sugar)	Liquid	5
2.	1:30 pm	Chapati, Gobi-sabji, Rice and dal	—	0
3.	5:00 pm	Tea	Liquid	5
4.	9:30 pm	Chapati, sabji	—	0

Sweet score (Nisel and Papas) = $5+5=10$

Interpretation Good

3. Frequency of Sugar consumption

i) At meal sugar exposure (AMSE) = —

ii) Between meal sugar exposure (BMSE) = 2

Total sugar exposure = 2

4. General Examination

a) Built - Mesomorphic

b) Gait - Normal

c) Posture - Erect

5. Vital signs

a) Temperature Afebrile on touch

b) Blood pressure Not recorded

c) Pulse 62 beats/min

d) Respiratory rate 16 cycles/min

6. ExtraOral Examination

a) Facial symmetry - Bilaterally symmetrical

b) Lymph nodes - Non tender and non palpable

c) TMJ - No clicking sound present

d) Lips - Competent

15. Intra Oral Examination

A) Soft Tissue examination

- a) Mucosa No abnormality detected
- b) Vestibule No abnormality detected
- c) Hard palate No abnormality detected
- d) soft palate No abnormality detected
- e) Oropharynx No abnormality detected
- f) Tongue No abnormality detected
- h) Salivary gland opening No abnormality detected
- i) Any other finding - -

Colour Pink with pigmentation

Size and shape Ant. - Pyramidal & post. - tent shaped

Contour Scalloped

Consistency soft and edematous

Position Apical to CEJ

Bleeding on Probing Present

Texture Loss of stippling

b) Periodontium

Pocket Present

Loss of attachment Present

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B) Hard Tissue Examination

1) Dental status

Teeth present	18	17	16	15	14	13	12	11	21	22	23	24	25	28		
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Teeth Decayed Grossly decayed \bar{c} 11, Pit and fissure \bar{c} 17, 36, 37, 38
Proximal caries \bar{c} 28

Teeth missing \bar{c} 26, 27

Teeth filled \bar{c} 46

Root stump \bar{c} 18

Hypersensitivity -

Attrition -

Abrasion -

Erosion -

Fracture if any -

m) Occlusion - Angle's Class I occlusion

n) Relevant indices recorded

1938 DMFT - by Henry J. Klein, Carlisle E. Palmer

DMPS - Knutson J.W

1964 OHIS - by John C. Green, Jack R. Vermillion

o) Provisional diagnosis

Chronic reversible pulpitis \bar{c} 17, 36, 37, 38, 28

Pulp necrosis \bar{c} 18

Chronic irreversible pulpitis \bar{c} 11, 28

False partial anodontia \bar{c} 26, 27

Chronic generalized periodontitis

p) Investigations required

XOPA \bar{c} 11

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3] Final Diagnosis

- Chronic irreversible pulpitis \bar{c} 11
- Chronic reversible pulpitis \bar{c} 19, 28, 36, 37, 48
- False partial anodontia \bar{c} 26, 27
- Chronic generalized periodontitis
- Pulp necrosis \bar{c} 18

19] Comprehensive Treatment Plan

A] Emergency Phase

Extraction \bar{c} 18

RCT \bar{c} 11

B] Preventive Phase

Oral prophylaxis - scaling and root planning

Patient education

Diet counselling

Brushing with soft bristled toothbrush and fluoridated toothpaste twice a day

C] Curative Phase

GIC / Amalgam / Composite restoration \bar{c} 19, 28, 36, 37, 48

D] Rehabilitative Phase

Fixed / Removable prosthesis / Implant \bar{c} 26, 27

E] Maintenance phase

Patient is recalled after 6 months to assess the oral hygiene status.

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20 At Professional level

A) Primary level of Prevention

1. Health Promotion

Diet counselling, plaque control programme

Patient education about use of soft bristled toothbrush & fluoridated toothpaste

2. Specific protection

Use of fluoridated toothpaste (1000 ppm) for brushing

Use of chlorhexidine mouthwash (0.2%) twice a day

B) Secondary level of Prevention

1. Early diagnosis and Prompt treatment

Oral prophylaxis

Restoration (GIC / Amalgam / Composite) \bar{c} 17, 28, 36, 37, 48

C) Tertiary level of Prevention

1. Disability Limitation

Extraction \bar{c} 18

RCT \bar{c} 11

2. Rehabilitation

fixed / Removable prosthesis / Implant \bar{c} 26, 27

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21. At Individual Level

A) Individual level of prevention

1. Health Promotion

Periodic visit to dental office

Diet planning - eat more fibrous diet, less sugar containing food.

2. Specific Protection

Use of toothbrush and fluoridated toothpaste
Use of chlorhexidine mouthwash

B) Secondary level of Prevention

1. Early diagnosis and prompt treatment

Self examination and referral utilization of dental services

C) Tertiary level of Prevention

1. Disability limitation

Utilization of dental services

2. Rehabilitation

Utilization of dental services

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22. At Community level
Community level of prevention
1. Health promotion

Dental health education program

2. Specific Protection

Provision of oral hygiene
Dental health program

- 3] Secondary level of prevention

1. Early diagnosis and prompt treatment

Periodic screening and referral provision of dental services

- 4] Tertiary level of prevention

1. Disability limitation

Provision of dental services

2. Rehabilitation

Provision of dental services


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ORAL HYGIENE INDEX - SIMPLIFIED (OHI-S)

Name of patient : Mrs. Rekha Amol Sawant Date : 6/12/2021
 Address : Alp - Wangni Tal. - Waha Dist. Sangli Age : 25 years
 Oral Hygiene habits : Toothbrushing Sex : Female
 Adverse Habits (if any) : —
 Intra Oral Examination :

Simplified Debris index

16	11	28
0	0	1
1	1	2

$\frac{5}{6} = 0.8$

Simplified Calculus index

16	11	28
0	1	1
1	1	1

$\frac{5}{6} = 0.8$

~~35~~ 31 36
 Debris (DI-S) Score = 0.8

~~35~~ 31 36
 Calculus (CI-S) Score = 0.8

Good Fair Poor

Good Fair Poor

Oral Hygiene of the patient is

$$\text{OHI-S} = \text{DI-S} + \text{CI-S}$$

$$0.8 + 0.8$$

$$= 1.6$$

Good Fair Poor

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Signature

DMFT / DMFS INDEX

Name of patient Mrs. Keleha Sawant

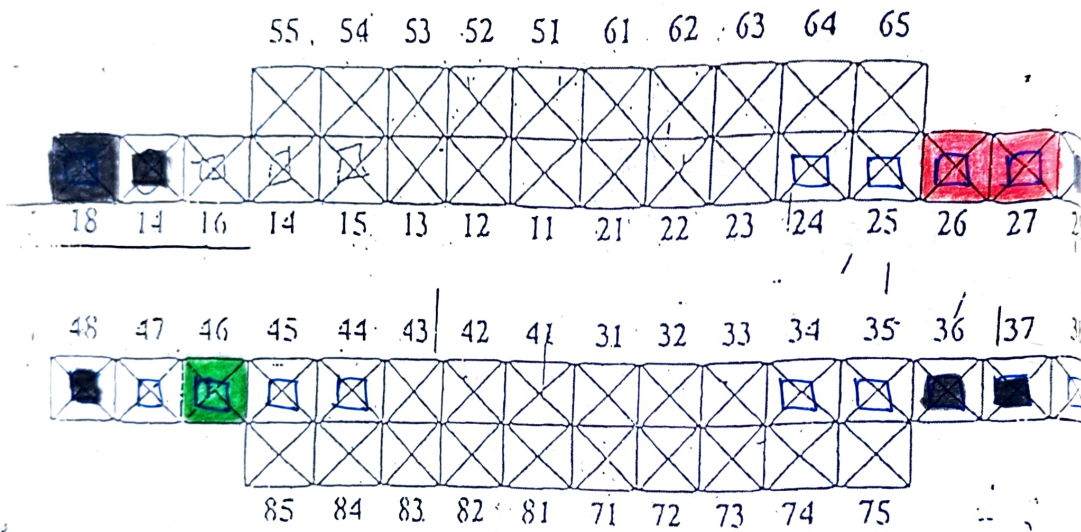
Date: 6/12/2011

Occupation Housewife

Age: 25 years

Oral Hygiene habits: Toothbrushing

Adverse Habits (if any) ---



DMFT/ dft

D: 6
M: 2
F: 1
9

d:
m:
f:

DMFT / dfs

DS: 11
MS: 10
FS: 5
26

ds:
ms:
fs:

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General Information

Name Mrs. Sanika Patil
 Age 32 years Gender Female
 Occupation Teacher
 Income Rs 80,000 per annum (6)
 Literacy level BSc. (6)
 Socioeconomic status Lower middle class (11-15)
 Place of Birth Hatkanangle
 Residence since 12 years of Age Hatkanangle
 Address - Warnanagar dist. - Kolhapur

Chief Complaint

Patient complains of decayed teeth in the upper left back teeth region since 3 months

History of Present Illness

Patient was apparently alright before 3 months when she experienced mild pain while chewing which relieved after eating.

Medical History

- a) Past medical history - No relevant history
- b) Infection -
- c) Prior hospitalization -
- d) Allergies and adverse drug reaction -
- e) Current medical treatment

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5. Past Dental History

Patient had undergone extraction of under local
anesthesia without any complication 3 years ago

6. Family history

No relevant history

7. Personal history

a) Marital status Married

b) Number of siblings - none

8. Personal habits

A) Oral hygiene habits

a) Agent Toothbrush and toothpaste

b) Frequency once daily

c) Type of brushing method scrub method

d) Frequency of changing brush. 3 months

e) Reason of changing Flaying of bristles

f) Other oral hygiene aids -

B) Parafunctional habit

a) Mouth breathing -

b) Lip biting -

c) Tongue thrusting -

d) Thumb sucking -

e) Nail biting -

C) Adverse habits

a) Tobacco consumption

I Smoking -

II In other form -

b) Pan chewing -

c) Alcoholism -

d) Any other -

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9. Dietary Habits - Mixed

10. Diet Chart

S.No.	Time	Food/Drink	Form of Sugar	Sugar Score
1.	8:00 am	Tea + Biscuit	Liquid + solid	10+5
2.	12:00 pm	Chapatti + Bhaji	—	—
3.	4:00 pm	Tea + Biscuit	Liquid + solid	10+5
4.	8:00 pm	Chapatti + Bhaji	—	—

Sweet score (Nisel & Papas) = $15 + 15 = 30$ (Watch out zone)

11. Frequency of Sugar consumption

- 1) At meal sugar exposure (AMSE) = —
- 2) Between meal sugar exposure (BMSE) = 2
- Total sugar exposure = 2

12. General Examination

- a) Built - Mesomorphic
- b) Gait - Normal
- c) Posture - Erect

13. Vital Signs

- a) Temperature - Afebrile on touch
- b) Blood pressure - Not measured
- c) Pulse - 72 beats/min
- d) Respiratory rate 14 cycles/min

14. Extraoral Examination

- a) Facial symmetry - Bilaterally symmetrical
- b) Lymph nodes - Nontender and non palpable
- c) TMJ - No clicking sound No deviation
- d) Lips - Competent


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15. Intraoral examination

A) Soft tissue examination

- a) Mucosa No abnormality detected
- b) Vestibule No abnormality detected
- c) Hard palate No abnormality detected
- d) Soft palate No abnormality detected
- e) Oropharynx No abnormality detected
- f) Tongue No abnormality detected
- g) Floor of mouth No abnormality detected
- h) Salivary gland opening No abnormality detected
- i) Any other finding —

Colour Pale pink with pigmentation

Size and shape Anterior - pyramidal Posterior - Tent shaped

Contour Scalloped

Consistency firm and resilient

Position above CEJ

Bleeding on probing Absent

Texture Stippling present

K) Periodontium

Pocket Absent

Loss of attachment Absent

B) Hard Tissue Examination

1) Dental status

17	16	15	14	13	12	11	21	22	23	24	25	27		
47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Teeth present :-

Teeth decayed :- Pit and fissure caries \bar{c} 24, 25, 37, 16

Teeth missing :- \bar{c} 26

Teeth filled :- \bar{c} 47

Hypersensitivity - -

Attrition - -

Abrasion - -

Erosion - -

m) Occlusion - Angle's Class I occlusion

n) Relevant Indices Recorded

1938 - DMPT - By Henry J. Klein, Casole & Palmer

DMPS - Knutson J.W.

1964 - OHIS - By John C. Green, Jack R. Vermillion.

16) Provisional diagnosis

Pulp necrosis \bar{c} 46

Partial anodontia \bar{c} 26

Chronic reversible pulpitis \bar{c} 24, 25, 37, 16

Chronic generalized gingivitis

17) Investigation Required

-

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18. Final Diagnosis

- Pulp necrosis E 46
- Pape partial anodontia E 26
- Chronic reversible pulpitis E 24, 25, 37, 16
- Chronic generalized gingivitis

19. Comprehensive Treatment Plan

A) Emergency phase

Extraction E 46

B) Preventive Phase

- Oral prophylaxis
- Diet counselling
- Oral hygiene instruction

C) Curative phase

Amalgam / GIC / Composite restoration E 24, 25, 37, 16

D) Rehabilitative phase

Fixed / Removable prosthesis / Implant E 26

E) Maintenance phase

Patient is recalled after 6 months to check oral hygiene status.

20. At Professional Level

A) Primary level of Prevention

1. Health Promotion

Diet counselling (fibrous food intake & decrease sugar intake)
Proper toothbrushing technique

2. Specific Protection

Use of chlorhexidine mouthwash (0.2%)

B) Secondary level of prevention

1. Early diagnosis and Prompt treatment

Oral prophylaxis

GIC / Composite / Amalgam restoration \bar{c} 24, 25, 37, 16.

C) Tertiary level of prevention

1. Disability Limitation

Extraction \bar{c} 46.

2. Rehabilitation

Implant / Removable / Fixed prosthesis \bar{c} 26.

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Individual level of prevention

Health Promotion

Periodic visit to dental office
Diet planning . Eat more fibrous diet

Specific Protection

Use of toothbrush and fluoridated toothpaste
Use of chlorhexidine mouthwash

Secondary level of prevention

1. Early diagnosis and Prompt Treatment
self examination and referral utilization of dental services

Tertiary level of Prevention

1. Disability limitation

Utilization of dental services

2. Rehabilitation

Utilization of dental services.

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22. At Community Level

A] Community level of prevention

1. Health Promotion
Dental health education program about toothbrushing technique and oral hygiene
2. Specific protection
Provision of oral hygiene
Dental health program

B] Secondary level of prevention

1. Early diagnosis and prompt treatment
Periodic screening and referral provision of dental services

C] Tertiary level of prevention

1. Disability limitation
Provision of dental service
2. Rehabilitation
Provision of dental service.


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Oral hygiene index - simplified (OHIS)

Name of patient - Miss Sanika Patil

Address - Wananagar

Oral hygiene habits - Teethbrushing

Adverse Habits (if any) - -

date

Age - 32 years

Sex - Female

Intra Oral examination

Simplified debris Index

12	11	27
1	0	1
1	0	0
47	31	36

Debris (DI-s) score = $\frac{3}{6} = \frac{1}{2} = 0.5$

$\frac{3}{6} = \frac{1}{2}$

Good Fair Poor

Simplified Calculus Index

16	11	27
1	0	1
1	0	0
47	31	36

Calculus (CI-s) score =

$\frac{3}{6} = \frac{1}{2} = 0.5$

Good Fair Poor

Oral hygiene of patient is

OHIS = $0.5 + 0.5$

= 1

Good Fair Poor

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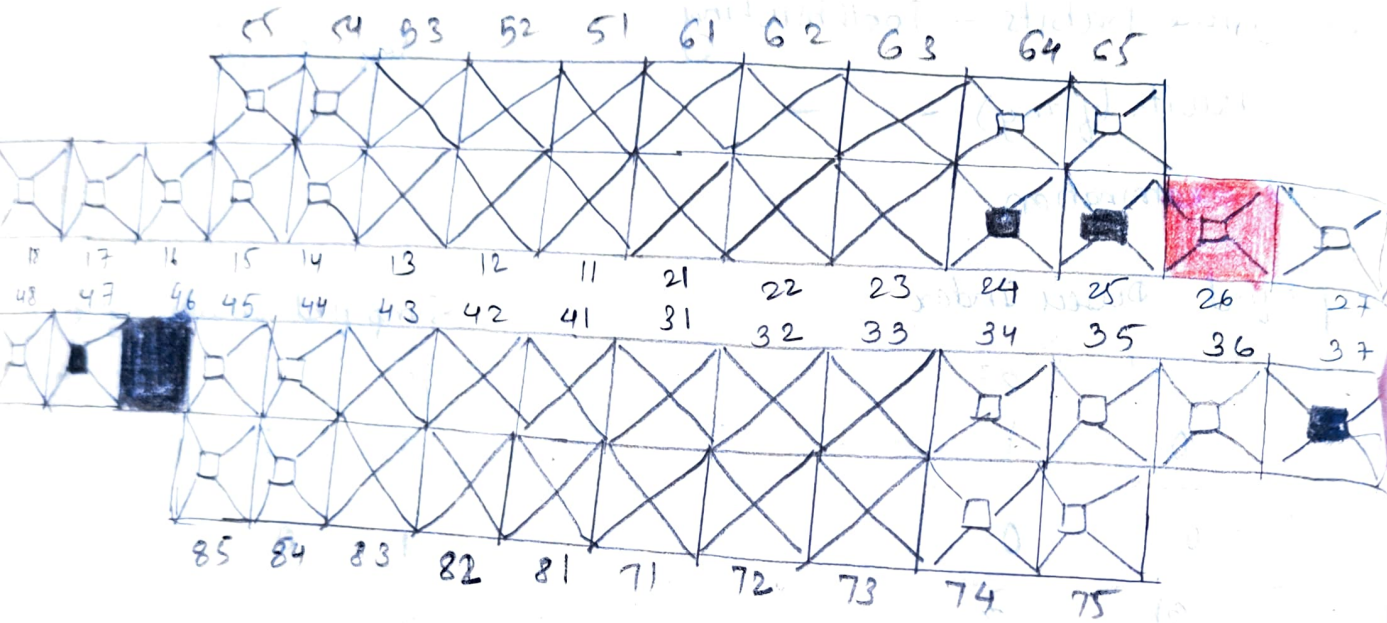
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Henry T. Klein

DMFT (1938)

Carole Et Palmer
Knutsen J. W.



DMFT / dft

D = 5

M = 1

F = 1

7

DMFS / dfs

DS = 9

MS = 5

FS = 1

15

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General Information

Name Ms. Namrata Patil

Gender Female

Age 20 years

Occupation Student (6)

Income Rs 1,50,000 - 2,00,000 per annum (10)

Literary level BSc. (6)

socioeconomic status Upper middle class (II)

Place of Birth Shashwadi

Residence since 12 years of Age Shashwadi

Address Shashwadi

Chief complaint

Patient complains of pain in upper left back teeth region since 15 days

History of Present Illness

The pain is mild, non continuous, intermittent, throbbing and aggravated on hot and cold water intake.

Medical history -

a) Past medical history - No relevant history

b) Infection - No relevant history

c) Prior hospitalization -

d) Allergies and adverse drug reaction -

e) Current medical treatment -

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5. Past Dental history

Patient had undergone extraction of 36 under local anesthesia without any complication 2 years ago

6. Family history

No relevant history

7. Personal history

- a) Marital status Unmarried
- b) Number of siblings one

8. Personal Habits

A) Oral Hygiene habits

- a) Agent Commercially available toothbrush and toothpaste (Colgate)
- b) Frequency - once daily
- c) Type of brushing method scrub / horizontal method
- d) Frequency of changing brush once a month
- e) Reason for changing Flaying of bristles
- f) Other oral hygiene aids -

B) Parafunctional Habits

- a) Mouth breathing - Absent
- b) Lip biting Absent
- c) Tongue thrusting Absent
- d) Thumb sucking Absent
- e) Nail biting - Absent

C) Adverse Habits

- a) Tobacco consumption -
 - 1) Smoking -
 - 2) In other form -
- b) Pan chewing -
- c) Alcoholism -
- d) Other -

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9. Dietary Habit - mixed

10. Diet Chart

S.No.	Time	Food / Drink	Form of Sugar	Sugar Score
1.	8:30 am	Tea and Poha/Upma (with sugar)	Liquid	5
2.	1:00 pm	Chapatti and Sabji	—	—
3.	4:00 pm	Tea + biscuit	Liquid solid	5 10 = 15
4.	8:30 pm	Chapatti and Sabji	—	—

Sweet score (Nisel and Papas) = $5 + 15 = 20$
Interpretation watchout zone

11. Frequency of sugar Consumption

i) At meal sugar exposure (AMSE) = 1

ii) Between meal sugar exposure (BMSE) = 2

Total sugar exposure - 2

12. General Examination

a) Built - Mesomorphic

b) Gait - Normal

c) Posture - Erect

13. Vital signs

a) Temperature Afebrile on touch

b) Blood pressure Not measured

c) Pulse 72 beats/min

d) Respiratory rate 13 cycles/min

14. Extraoral examination

a) Facial symmetry No asymmetry detected

b) Lymph nodes Non tender and non palpable

c) TMS No abnormality detected

d) Lips Competent

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15. Intra Oral Examination

A) Soft Tissue examination

a) Mucosa No abnormality detected

b) Vestibule No abnormality detected

c) Hard Palate No abnormality detected

d) Soft palate No abnormality detected

e) Oropharynx No abnormality detected

f) Tongue No abnormality detected

g) Floor of mouth No abnormality detected

h) Salivary gland opening No abnormality detected

i) Any other finding -

Colour Reddish pink with pigmentation

Size and Shape Class I ; Ant. - pyramidal ; Post - Tent shape

Contour Scalloped

Consistency Soft and edematous

Position at CEJ

Bleeding on Probing Present

Texture Stippling absent

c) Periodontium

Pocket - Absent

Loss of attachment - Absent

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Hard Tissue Examination

2) Dental status

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Teeth Present	48	47	46	45	44	43	42	41	31	32	33	34	35	37	38	
Teeth decayed	Pit and fissure caries 14, 15, 16, 24, 27; Grossly decayed 26															
Teeth Missing	36															
Teeth filled	17, 37, 46															
Root stump	-															
Hypersensitivity	-															
Attrition	-															
Abrasion	-															
Erosion	-															
Fracture if any	-															

Occlusion Class II division 2

Relevant Indices Recorded

1938 - DMFT - By Henry J. Klein, Carlisle & Palmer
 DMPS Knutson J.W.
1964 - OHIS - By John C. Greene, Jack Vermillion

Provisional diagnosis

Chronic reversible pulpitis 26
Chronic reversible pulpitis 2 14, 15, 16, 24, 27
False partial anodontia 2 36
Chronic generalised gingivitis

Investigations required

IOPA 26


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18. Final Diagnosis

Chronic irreversible pulpitis @ 26

Chronic reversible pulpitis @ 14, 15, 16, 24, 27

False partial anodontia @ 36

Chronic generalised marginal gingivitis

19. Comprehensive Treatment Plan

A] Emergency Phase

RCT @ 26

B] Preventive Phase

Oral prophylaxis
Diet counselling, Habit counselling
Oral hygiene instruction

C] Curative Phase

GIC/Amalgam/Composite restoration @ 14, 15, 16, 24, 27

D] Rehabilitative Phase

Implant/Removable/Fixed prosthesis @ 36

E] Maintenance Phase

Patient is recalled after 6 months to check for oral hygiene status

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20. At Professional Level

A] Primary level of Prevention

1. Health Promotion

Diet counselling (fibrous food intake, decreased sugar intake)
Proper tooth brushing technique (Bass technique)

2. Specific Protection

Use of chlorhexidine mouthwash (0.2%) for caries control

B] Secondary level of Prevention

1. Early diagnosis and Prompt treatment

Oral prophylaxis

GIC / composite / amalgam restoration \bar{c} 14, 15, 16, 24, 27, 26

C] Tertiary level of Prevention

1. Disability Limitation

RCT \bar{c} 26

2. Rehabilitation

Implant / Fixed / removable prosthesis \bar{c} 36

21. At Individual level

A] Individual Level of Prevention

1. Health Promotion

- Periodic visit to dental office
- Diet planning (intake of fibrous rich diet)

2. Specific Protection

- Use of soft bristled toothbrush
- Use of fluoridated toothpaste

B] Secondary Level of Prevention

1. Early Diagnosis and Prompt treatment

- Self examination
- Referral utilization of dental services

C] Tertiary level of Prevention

1. Disability limitation

- Utilization of dental services

2. Rehabilitation

- Utilization of dental services

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22. At Community level

A] Community level of prevention

1. Health Promotion

Dental health education program about toothbrushing technique and oral hygiene

2. Specific protection

Oral prophylaxis

B] Secondary level of prevention

1. Early diagnosis and prompt treatment

Periodic screening

Provision of dental services

C] Tertiary level of prevention

1. Disability limitation

Provision of dental services

2. Rehabilitation

Provision of dental services.


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ORAL HYGIENE INDEX - SIMPLIFIED (OHI-S)

Name of patient : Ms. Namata Patil Date :
 Address : Shahuwadi Age : 20 years
 Oral Hygiene habits : Toothbrushing Sex : Female
 Adverse Habits (if any) : -
 Intra Oral Examination :

Simplified Debris index

16	11	26
1	1	1
1	1	1
55 46	31	38

Debris (DI-S) Score = $\frac{6}{6} = 1$

Simplified Calculus index

16	11	26
1	1	1
1	1	0
45 46	31	38

Calculus (CI-S) Score = $\frac{5}{8} = 0.8$

Good Fair Poor

Good Fair Poor

Oral Hygiene of the patient is

OHI-S = DI-S + CI-S
 = 1 + 0.8
 = 1.8

Good Fair Poor

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Staff Signature

DMFT / DMFS INDEX

Name of patient Ms. Namrata Patil

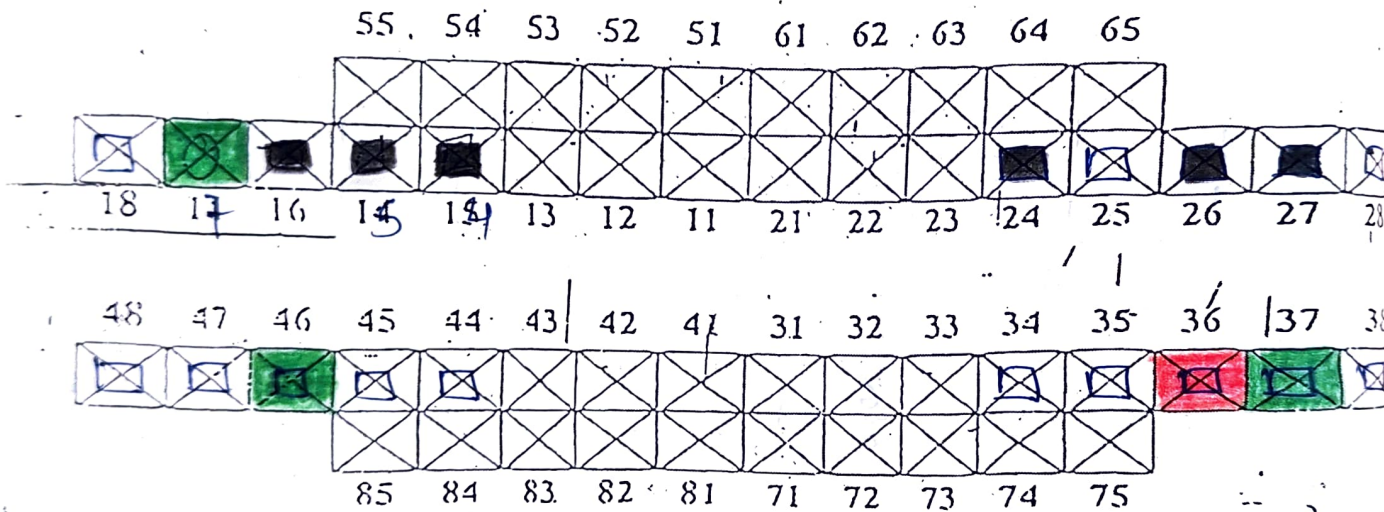
Date :

Occupation student

Age : 20 years Sex : Female

Oral Hygiene habits Toothbrushing

Adverse Habits (if any) —



DMFT / dft

D : 6 d : —

M : 1 m : —

F : 3 f : —

10

DMFT / dfs

DS : 0 ds : —

MS : 5 ms : —

FS : 15 fs : —

26

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Signature of Staff

General Information

Name Mrs. Vishwajit Deepak Asawale
 Age 19 years Gender Male
 Occupation Student
 Income Rs 130 000 - 150 000 (10)
 Literacy level B com (first year)
 Socioeconomic status Upper Middle (II)
 Place of Birth Panhala
 Residence since 12 years of Age At post-Bhamle, Kaver, Kolhapur
 Address A/p - Bhamle, Kaver, Kolhapur

Chief Complaint

Patient complains of pain in lower left back teeth region since one month

History of Present Illness

Patient was apparently alright one month ago when he experienced pain which was intermittent, with gradual onset, aggravated on mastication.

Medical History

- a) Past - Medical history No relevant history
- b) Infection No relevant history
- c) Prior hospitalization No relevant history
- d) Allergies and adverse drug reaction No relevant history
- e) Current medical treatment No relevant history

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5. Past Dental History

Patient had undergone extraction under local anesthesia of 46 without any complication.

6. Family History

No relevant history

7. Personal History

a) Marital status Unmarried

b) Number of sibling 2

8. Personal Habit

A) Oral Hygiene Habits

a) Agent Toothbrush and toothpaste

b) Frequency 2 times a day

c) Type of brushing method Horizontal method

d) Frequency of changing brush every 2 months

e) Reason for changing Fraying of bristles

f) Other oral hygiene aids —

B) Parafunctional Habits

a) Mouth breathing - Absent

b) Lip biting - Absent

c) Tongue thrusting - Absent

d) Thumb Sucking - Absent

e) Nail biting - Absent

C) Abuse Habits

a) Tobacco consumption -

I] Smoking - —

II] In other form - —

b) Pan chewing - —

c) Alcoholism - —

d) Any other - —

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Diety habit - Mixed

Diet chart

S.No.	Time	Food / Drink	Form of Sugar	Sugar Score
1.	7:30am	Tea	Liquid	5
2.	9:00pm	Poha / upma	-	-
3.	1:30 pm	Chapatti and Sabji	-	-
4.	5:30 pm	Tea	Liquid	5
5.	9:30 pm	Chapatti and Sabji ; Rice and dal	-	-

Sweet score (Nisel and Papas) = $5+5=10$
Interpretation = Good

Frequency of sugar consumption

i) At meal sugar consumption (AMSE) = -

ii) Between meal sugar exposure (BMSE) = 2

Total sugar exposure = 2

General Examination

a) Built Mesomorphic

b) Gait Normal

c) Posture Erect

Vital Signs

a) Temperature Afebrile on touch

b) Blood Pressure Not recorded

c) Pulse 70 beats / min

d) Respiratory rate 13 cycles / min

Extraoral examination

a) Facial symmetry - Bilaterally symmetrical

b) Lymph nodes - Non tender and Non palpable

c) TMJ No clicking sound present, Non tender

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d) Lips Competent

15. Intra Oral Examination

A) Soft tissue Examination

- a) Mucosa No abnormality detected
- b) Vestibule No abnormality detected
- c) Hard palate No abnormality detected
- d) Soft palate No abnormality detected
- e) Oropharynx No abnormality detected
- f) Tongue No abnormality detected
- g) Floor of mouth No abnormality detected
- h) Salivary gland opening No abnormality detected
- i) Any other finding -

Colour Coral pink with pigmentation

Size and shape Ant. - pyramidal Post - tent shaped

Contour scalloped

Consistency ~~firm~~ and resilient soft and edematous

Position Apical to CEJ

Bleeding on Probing - Present

Texture - loss of stippling

k) Periodontium

Pocket - Present

Loss of attachment - Present


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Hard tissue examination

1) Dental status

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Teeth present								Teeth present							
48	47	45	44	43	42	41	31	32	33	34	35	36	37	38	

Teeth decayed Pit and fissure caries \bar{c} 16, 27, 37, 38; Grossly decayed \bar{c} 26
 Proximal \bar{c} caries \bar{c} 26

Teeth missing \bar{c} 46

Teeth filled \bar{c} 45, 47

Root stump -

Hypersensitivity -

Attrition -

Abrasion -

Erosion -

Fracture if any -

2) Occlusion Class II malocclusion

3) Relevant Indices recorded

1938 DMPT - by Henry J. Klein, Carole E. Palmer
 DMPS - Knutson J.W

1964 OHIS - by John C. Greene, Jack R. Vermillion

4) Provisional Diagnosis

Chronic irreversible pulpitis \bar{c} 16, 27, 37, 38, 36

Chronic irreversible pulpitis \bar{c} 26

False partial anodontia \bar{c} 46

Chronic generalised periodontitis

5) Investigation Recorded

IOPA \bar{c} 26.

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18) Final Diagnosis

Chronic reversible pulpitis \bar{c} 16, 27, 36, 37, 38

Chronic irreversible pulpitis \bar{c} 26

False partial anodontia \bar{c} 46

Chronic generalised periodontitis

19) Comprehensive Treatment Plan

A) Emergency Phase
Not required

B) Preventive Phase

Oral prophylaxis
Patient education about diet
Brushing with soft bristled toothbrush and fluoridated toothpaste
twice a day.

C) Curative Phase

RET \bar{c} 26

Restoration [GIC / Amalgam / Composite] \bar{c} 16, 27, 36, 37, 38

D) Rehabilitative Phase

Not required Implant / Removable / Fixed prosthesis \bar{c} 46

E) Maintenance phase

patient hygiene

is recalled after 6 months to assess the oral

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20. At Professional level

A] Primary level of prevention

1. Health Promotion

Diet counselling, plaque control programme
Patient's education about use of soft bristled toothbrush and
fluoridated toothpaste

2. Specific Protection

Use of toothpaste (1000 ppm) fluorinated toothpaste for
brushing

Use of chlorhexidine mouthwash (0.2%) twice a day.

B] Secondary level of prevention

1. Early diagnosis and Prompt treatment

Oral prophylaxis

Restoration (Amalgam / GIC / composite) = 16, 27, 37, 36, 38

C] Tertiary level of prevention

1. Disability Limitation

RCT = 26

2. Rehabilitation

Not as Implant / Fixed / Removable prosthesis = 46

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21. At individual level

A] Individual level of prevention

1. Health promotion

Periodic visit to dental office
Dental planning - eat more fibrous diet, less sugar containing

2. Specific protection

Use of toothbrush and fluorinated toothpaste
Use of chlorhexidine mouthwash

B] Secondary level of prevention

1. Early diagnosis and prompt Treatment

self examination and referral utilization of dental services.

C] Tertiary level of prevention

1. Disability limitation

Utilization of dental services

2. Rehabilitation

Utilization of dental services

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2. At Community level

A] Community Level of Prevention

1. Health Promotion

Dental health education program

2. Specific Protection

Provision of oral hygiene
Dental health program

B] Specific Secondary level of Prevention

1. Early diagnosis and Prompt treatment

Periodic screening and referral provision of dental services

C] Tertiary Level of Prevention

1. Disability limitation

Provision of dental services

2. Rehabilitation.

Provision of dental services.


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ORAL HYGIENE INDEX - SIMPLIFIED (OHI-S)

Name of patient : Mr. Vishwajit Deepak Asawale Date : 13/12/21
 Address : A/P - Bhamle Kaverel Kolhapur Age : 19 years
 Hygiene habits : Toothbrushing Sex : Male
 Dietary Habits (if any) : —
 Oral Examination :

Simplified Debris index

6	11	27
2	1	1
2	1	3
31		36

Debris (DI-S) Score = $\frac{10}{6} = 1.6$

Good Fair Poor

Simplified Calculus index

16	11	27
2	0	1
0	0	2
31		36

Calculus (CI-S) Score = $\frac{5}{6} = 0.8$

Good Fair Poor

Oral Hygiene of the patient is

OHI-S = DI-S + CI-S
 = 1.6 + 0.8
 = 2.4

Good Fair Poor

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Hatkanangle

DMFT / DMFS INDEX

Name of patient Mr. Vishwajet Kadam

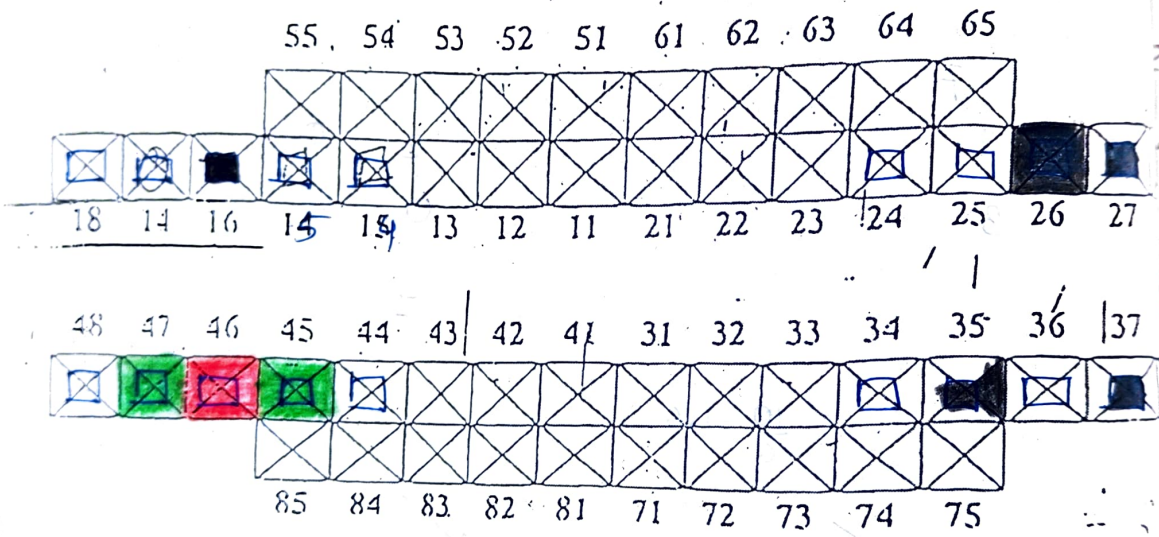
Date: _____

Occupation Student

Age: 19 years

Oral Hygiene habits Toothbrushing

Adverse Habits (if any) —



DMFT / dft

D : 6 d :
 M : 1 m :
 F : 2 f :
9

DMFT / dfs

DS : 11 ds :
 MS : 5 ms :
 FS : 10 fs :
26

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General Information

Name Ms. Geetanjali Kuan

Age 38 years

Gender Female

Occupation Teacher

Income Rs 80,000 - Rs 1,00,000 per annum

Literacy level MA., BEd.

Socioeconomic Status - Upper middle class

Place of Birth - Kumbhoj

Residence since 12 years of Age - J. Bhavani Society, Gunkhi, Tal. - Hatkanangle,
Dist. - Kolhapur.

Address : Gunkhi

Chief Complaint

Patient complains of missing teeth in the upper right back teeth region since 18 years.

History of present illness

Patient was apparently alright 18 years ago when she perceived pain and underwent extraction in upper right back teeth region.

Medical history

- Past medical history - No relevant history
- Infection - No relevant history
- Prior hospitalization - No relevant history
- Allergies and adverse drug reaction - No relevant history
- Current medical treatment - No relevant history

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5. Past Dental history
Patient had undergone extraction under local anesthesia at age without any complication.

6. Family history
No relevant history

7. Personal history
a) Marital status Married
b) Number of siblings 2

8. Personal Habits

A) Oral hygiene habits

- Agent - commercially available toothbrush and toothpaste
- Frequency - twice a day
- Type of brushing method - Horizontal/scrub method
- Frequency of changing brush - 3 months
- Reason for changing - Fraying of bristles
- Other oral hygiene aids - -

B) Parafunctional Habits

- Mouth breathing - Absent
- Lip biting - Absent
- Tongue thrusting - Absent
- Thumb sucking - Absent
- Nail biting - Absent

C) Adverse Habits

- tobacco consumption
 - Smoking -
 - In other form -
- Pan chewing -
- Alcoholism -
- Any other -

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Dietary Habits Vegetarian

Diet Chart

No	Time	Food / Drink	Form of sugar	Sugar score
1	12:00 pm	Chapatti + Sabji	0	0
2	9:00 pm	Chapatti + Sabji	0	0

Sweet score (Nisel and Papas) = 0
 Interpretation = Excellent

General Examination

- a) Built Mesomorphic
- b) Gait Normal
- c) Posture Erect

Frequency of Sugar consumption

- i) At meal sugar exposure (AMSE) = 0
 - ii) Between meal sugar exposure (BMSE) = 0
- Total sugar exposure 0

Vital signs

- a) Temperature Afebrile on touch
- b) Blood pressure Not measured
- c) Pulse - 70 beats/min
- d) Respiratory rate - 16 cycles/min

Beta Oral Examination

- a) Facial symmetry - Bilaterally symmetrical
- b) Lymph nodes - Nontender and non palpable
- c) TMJ - Nontender, clicking sound present
- d) Lips - Competent

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15] IntraOral examination

A] Soft tissue examination

- a) Mucosa No abnormality detected
- b) Vestibule No abnormality detected
- c) Hard palate No abnormality detected
- d) Soft palate No abnormality detected
- e) Oropharynx No abnormality detected
- f) Tongue No abnormality detected
- g) Floor of mouth No abnormality detected
- h) Salivary gland opening No abnormality detected
- i) Any other finding —

Colour Pink with pigmentation

Size and shape Class I, ant - pyramidal and posterior tent

Contour - scalloped

Consistency - soft and edematous

Position - at C6/5

Bleeding on Probing - Present

Texture - ~~loss~~ of stippling

k) Periodontium

Pocket - Absent

Loss of attachment - Absent

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Hard Tissue examination

1) Dental status

18	17	15	14	13	12	11	21	22	23	26	28		
47	45	44	42	41			31	32	33	34	35	36	37

Teeth present

Teeth decayed

Crossly decayed \bar{c} 37
 Secondary caries \bar{c} 38
 Proximal caries \bar{c} 45

Teeth Missing \bar{c} 24, 25, 27, 14, 15, 16, 36, 43, 46

Teeth filled \bar{c} 11, 12, 17, 22, 23, 26, 34, 47

Root stumps - -

Hypersensitivity -

Attrition -

Abrasion -

Erosion -

Fracture if any -

2) Occlusion Angles class I occlusion \bar{c} canine relation

3) Relevant Indices Recorded

1938 - DMFT - By Henry Klein, Carole and Palmer, Ku
 DMFS - Krutson

1964 - OHIS - By John C. Greene and Jack Vermillion

4) Provisional Diagnosis

Asymptomatic Chronic irreversible pulpitis \bar{c} 37

Chronic reversible pulpitis \bar{c} 38, 45

false partial anodontia \bar{c} 14, 15, 16, 24, 25, 27, 36, 44, 47

Chronic generalised marginal gingivitis

5) Investigations required

IOPA \bar{c} 37

18] Final Diagnosis

Asymptomatic chronic irreversible pulpitis \bar{c} 37

Chronic reversible pulpitis \bar{c} 38, 45

False partial anodontia \bar{c} 14, 15, 16, 24, 25, 27, 36, 44, 47

Chronic generalised marginal gingivitis

19] Comprehensive Treatment Plan

A] Emergency phase

Not required

B] Preventive phase

Diet counselling

Oral prophylaxis

Use mouthwash (chlorhexidine 0.2%)

C] Curative phase

Restoration (Amalgam/GIC/composite) \bar{c} 38, 45

RCT \bar{c} 37

D] Rehabilitative phase

Implant/Removable/Fixed prosthesis \bar{c} 14, 15, 16, 24, 25, 27, 36, 44, 47

E] Maintenance phase

Recall after 6 months for oral hygiene assessment

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20] At Professional level

A] Primary level of prevention

1. Health Promotion

Diet counselling
Proper Tooth brushing technique

2. Specific Protection

Use of chlorhexidine mouthwash (0.2%)

B] Secondary level of Prevention

1. Early diagnosis and Prompt treatment

Oral prophylaxis

GIC / composite / amalgam restoration

C] Tertiary level of Prevention

1. Disability limitation

RCT

2. Rehabilitation

Implant / Removable / fixed prosthesis

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2] At individual level

A] Individual level of prevention

1. Health Promotion

Periodic visit to dental office
Diet planning

2. Specific protection

Use of soft bristled toothbrush
Use of fluorinated toothpaste

B] Secondary level of prevention

1. Early diagnosis and prompt treatment

Self examination
Referral utilisation

C] Tertiary level of prevention

1. Disability limitation

Utilisation of dental services

2. Rehabilitation

Utilisation of dental services

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22] At Community Level

A] Community level of prevention

1. Health Promotion

Dental health education programme about toothbrushing technique and oral hygiene

2. Specific Protection

promotion of oral hygiene
Dental health programme

B] Secondary level of prevention

1. Early diagnosis and prompt treatment

Periodic screening and referral provision of dental service

C] Tertiary level of prevention

1. Disability limitation

Provision of dental services

2. Rehabilitation

Provision of dental services.


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ORAL HYGIENE INDEX - SIMPLIFIED (OHI-S)

Name of patient

: Mrs. Geetanjali Magdum

Date :

Address

: Gunki

Age : 38 years

Oral Hygiene habits

: Toothbrushing

Sex : Female

Reverse Habits (if any)

: —

Extra Oral Examination

Simplified Debris index

	11	26
1	0	—
1	0	1

31

34

$$\text{Debris (DI-S) Score} = \frac{3}{6} = 0.5$$

Simplified Calculus index

	16	11	26
1	0	0	
1	0	1	

31

34

$$\text{Calculus (CI-S) Score} = \frac{3}{6} = 0.5$$

Good Fair Poor

Good Fair Poor

Hygiene of the patient is

$$OHI-S = DI-S + CI-S$$

$$= 0.5 + 0.5$$

$$= 1$$

Good Fair Poor

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Staff Signature

DMFT / DMFS INDEX

Name of patient Mrs. Geetanjali Magdum

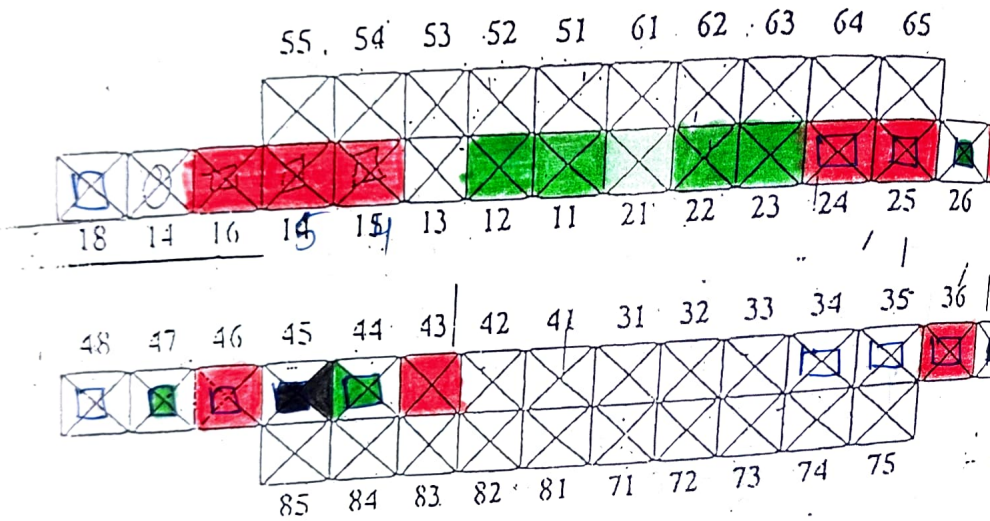
Date: _____

Occupation - Teacher

Age: 38

Oral Hygiene habits: Toothbrushing

Adverse Habits (if any) ---



DMFT/dfs

D: 3

M: 9

F: 8

20

DMFT / dfs

DS: 4

MS: 41

FS: 9

54

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Principal

T. K. D. C. & Research Centre

New Pargaon, Tal. Hatkanangle

Dist. Kolhapur 416 137

Signature of Staff

General information

Name - Master Shreyash Ravindra Mane

Age 22 year

Gender Male

Occupation MIDC worker

Income Rs 1,20,000 per annum (10)

Literacy Level 12th std

Socioeconomic status Upper middle class (III)

Place of birth Mahar

Residence since 12 Years of Age 23/10 new Datta Mandir, Datta colony
Tal. Karveer Dist. - Kolhapur

Address - Karveer Dist. - Kolhapur

Chief Complaint

Patient complains of decayed teeth in the lower left back teeth region since 2 years

History of Present Illness

Patient was apparently alright 2 years ago when he experienced noticed darkening on teeth surface due to caries along with food lodgement accompanied by pain which relieved on lodgement

Medical History

a) Past Medical history - No relevant history

b) Infection - No relevant history

c) Prior hospitalization No relevant history

d) Allergies and adverse drug reaction No relevant history

e) Current medical treatment No relevant history

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5. Past Dental History

Patient had undergone extraction of lower right 1st molar under local anesthesia without any complication 6 months ago.

6. Family history

No relevant history

7. Personal history

a) Marital status Unmarried

b) Number of sibling 4

8. Personal history

A] Oral hygiene habits

a) Agent Commercially available toothbrush and toothpaste Colgate

b) Frequency once a day

c) Type of brushing method circular method

d) Frequency of changing brush 2 months

e) Reason for changing fraying of bristles

f) Other oral hygiene aids -

B] Parafunctional Habits

a) Mouth breathing - Absent

b) Lip biting - Absent

c) Tongue thrusting - Absent

d) Thumb thrusting - Absent

e) Nail biting - Absent

C] Adverse Habit

a) Tobacco consumption -

I] Smoking -

II] In other form -

b) Pan chewing -

c) Alcoholism -

d) Any other -

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9. Dietary Habits - Mixed

10. Diet Chart

S.No.	Time	Food/Drink	Form of sugar	Sugar Score
1	8:00 am	Poha / upma	0	0
2.	12:30 pm	Chapatti, sabji Dal and rice	0	0
3.	8:30 pm	Chapatti, sabji Dal and rice	0	0

Sweet score (Nisel and Papan) = 0
Interpretation Excellent

Frequency of sugar consumption

i) At meal sugar exposure (AMSE) 0

ii) Between meal sugar exposure (BMSE) 0

Total sugar exposure = 0

General Examination

a) Build Mesomorphic

b) Gait Normal

c) Posture erect

Vital sign

a) Temperature

Afebrile on touch

b) Blood pressure

Not measured

c) Pulse

70 beats / min

d) Respiratory rate

16 cycles / min

Extra Oral examination

a) Facial symmetry Bilaterally symmetrical

b) Lymph nodes - Non tender and nonpalpable

c) TMJ - No abnormality detected

d) Lips - Competent

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15. Intra oral examination

A) Soft tissue examination

- a) Mucosa No abnormality detected
- b) Vestibule No abnormality detected
- c) Hard palate No abnormality detected
- d) soft palate No abnormality detected
- e) Oropharynx No abnormality detected
- f) Tongue No abnormality detected
- g) Floor of mouth No abnormality detected
- h) Salivary gland opening No abnormality detected
- i) Any other finding -

Colour - Pale pink with pigmentation

Size and shape Ant - pyramidal post. - tent

Contour Rotted scalloped

Consistency - firm and resilient

Position - at CEJ

Bleeding on probing - Absent

Texture - loss of stippling

b) Periodontium

Pocket - Absent

Loss of attachment - Absent

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B] Hard tissue examination

D] Dental status

Teeth present	18	17	16	15	14	12	11	21	22	24	25	26	27	28
	48	47	45	44	43	42	41	31	32	33	34	35	36	37,38

Teeth missing Congenitally missing \bar{c} 13, 23

Teeth filled \bar{c} 46
 \bar{c} 16, 17

Teeth decayed Pit and fissure caries \bar{c} 14, 15, 25, 26, 34, 35, B, 5, 38, 18, 36, 37, 48

Hypersensitivity -

Attrition \bar{c} 11, 21

Abrasion -

Erosion -

Fracture if any -

m) Occlusion Angle's class I malocclusion with molar relation on right side with severe anterior crowding

n) Relevant Indices recorded

1938 - DMPT - By Henry C. Klein, Carrole and Palmer
 DMPS - Knutson

1964 - OHIS - John G. Greene, Jack Vermillion

o] Provisional Diagnosis

Chronic reversible pulpitis \bar{c} 14, 15, 18, 25, 26, 34, 35, 38, 45

Partial anodontia \bar{c} 13, 23, 46

Chronic generalized marginal gingivitis

Angle class I malocclusion with severe anterior crowding

p] Investigations required

OPG

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18] Final Diagnosis

Chronic reversible pulpitis \bar{c} 14, 15, 18, 25, 26, 34, 35, 38, 45
Pulse partial anodontia \bar{c} 13, 23, 46
Chronic generalized marginal gingivitis
Angle's Class I malocclusion with severe anterior crowding

19] Comprehensive Treatment Plan

A] Emergency phase
Not required

B] Preventive phase
Oral prophylaxis

C] Curative phase
Restoration (GIC / Amalgam / Composite) \bar{c} 14, 15, 18, 25, 26, 34, 35, 38, 45
Fixed orthodontic treatment

D] Rehabilitative phase

Implant / Fixed / Removable prosthesis \bar{c} 46

E] Maintenance phase

Periodic visit after 6 months for oral hygiene check up

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20 At Professional level

A] Primary level of prevention

1. Health promotion

Proper toothbrushing technique
Use of fluoridated mouthwash (Listerine / Aerodent)

2. Specific Protection

Oral prophylaxis

Use of

fluoridated toothpaste for 9-11
streptococci bacteria for 9-11

B] Secondary Level of Prevention

1. Early Diagnosis and Prompt treatment

Amalgam / Composite / GIC restoration \bar{c} 14, 15, 18, 25, 26, 34, 38, 45

retention of
restoration

C] Tertiary level of prevention

1. Disability limitation

Fixed orthodontic treatment

2. Rehabilitation

Implant / Removable / Fixed prosthesis \bar{c} 46

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21] At Individual level

A] Individual level of prevention

1. Health Promotion

Periodic visit to dental office

2. Specific Protection

Use of soft bristled toothbrush

Use of fluoridated toothpaste

B] Secondary level of Prevention

1. Early diagnosis and prompt treatment

self examination

Referral utilization

C] Tertiary level of prevention

1. Disability limitation

Utilization of dental services

2. Rehabilitation

Utilization of dental services

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22] At Community level

A] Community level of prevention

1. Health promotion

Dental health education programs about toothbrushing technique
or oral hygiene

2. Specific Protection

Use of soft bristled toothbrush
Use of fluoridated toothpaste

Oral prophylaxis

B] Secondary level of prevention

1. Early diagnosis and prompt treatment

Periodic screening

Provision of dental services

C] Tertiary level of prevention

1. Disability Limitation

Provision of dental services

2. Rehabilitation

Provision of dental services


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ORAL HYGIENE INDEX - SIMPLIFIED (OHI-S)

Name of patient : Master Shreyash Mane Date :
 Address : Kaveri Age : 22 years
 Oral Hygiene habits : Toothbrushing Sex : Male
 Bad Habits (if any) : —
 Oral Examination :

Simplified Debris index

	11	26
0	1	1
1	0	1
	31	36

Debris (DI-S) Score = $\frac{4}{6} = \frac{2}{3} = 0.6$

Good Fair Poor

Simplified Calculus index

	16	11	26
0	0	0	0
1	0	1	0
	31	36	

Calculus (CI-S) Score = $\frac{1}{6} = 0.16$

Good Fair Poor

Hygiene of the patient is

S = DI-S + CI-S
 = 0.6 + 0.16
 = 0.76

Good Fair Poor

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Signature

when
 a
 g to
 returned

DMFT / DMFS INDEX

Name of patient Mr. Haryash Mame

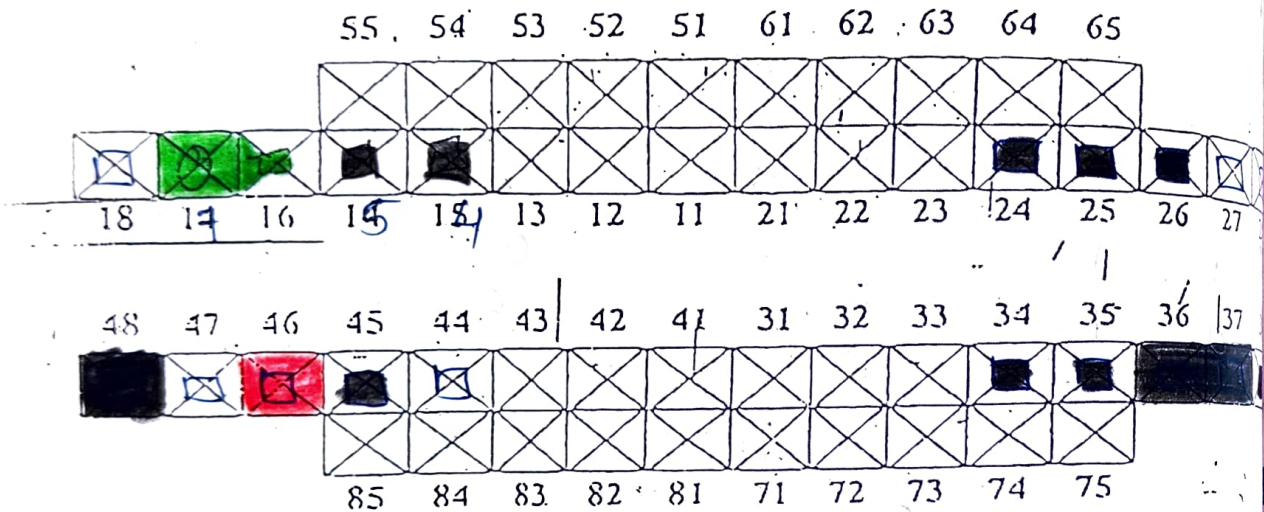
Date: _____

Occupation - MIDC worker

Age: 22 years

Oral Hygiene habits: Toothbrushing

Adverse Habits (if any): _____



DMFT / dfs

D : 9 d : _____
 M : 1 m : _____
 F : 6 f : _____
16

DMFT / dfs

DS : 9 + 15 = 24 ds : _____
 MS : 5 ms : _____
 FS : 08 fs : _____
37

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 Dist. Kolhapur 416 137

Signature of Staff

General Information

Name Ms. Bhartee Dadasaah Ghadghe

Age 40 years

Gender Female

Occupation Farmer

Income Rs 10,000 per month (3)

Literacy level Illiterate (1)

Socioeconomic status Lower middle class

Place of birth Hatkanangle

Residence since 12 years of Age Hatkanangle

Address Minche Tal - Hatkanangle Dist - Kolhapur

Chief Complaint

Patient complains of decayed teeth in upper right back teeth region of jaw since 6 months

History of Present Illness

Patient was apparently alright 6 months ago when noticed decayed teeth in upper right back teeth region with a history of pain which was continuous, nocturnal, throbbing, radiating to and aggravated on hot and cold food intake and mastication and relieved on medication.

Medical History

Past Medical history NRH

Infection NRH

Prior hospitalization NRH

Allergies and adverse drug reaction NRH

Current medical treatment NRH


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5. Post Dental History

Patient had undergone set of 26 under loc without any complication 12 days ago

6. Family History

No relevant history

7. Personal history

- a) Marital status Married
- b) Number of sibling 7

8. Personal habits

A] Oral hygiene Habits

- a) Agent Commonly available toothbrush and toothpaste (Colgate)
- b) Frequency once a day
- c) Type of brushing method Horizontal / scrub technique
- d) Frequency of changing brush 6 months
- e) Reason for changing fraying of bristles
- f) Other oral hygiene aids -

B] Parafunctional habits

- a) Mouth breathing -
- b) Lip biting -
- c) Tongue thrusting -
- d) Thumb sucking -
- e) Nail biting -

C] Adverse Habits

- a) Tobacco Consumption
 - I] Smoking -
 - II] In other form -
- b) Pan chewing -
- c) Alcoholism -
- d) Any other -

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9. Dietary Habits Mixed

10. Diet chart

S.No.	Time	Food/Drink	Form of sugar	Sugar score
1.	7:00 am	Tea + Biscuit	Liquid + solid	5+10
2.	12:00 pm	Bhakevi + Sabji	—	0
3.	5:00 pm	tea + biscuit	Liquid + solid	5+10
4.	9:00 pm	Bhakevi + Sabji + rice + dal	—	0

sweet score (Nisel and Papas) $15 + 15 = 30$
Interpretation = watch out zone

Frequency of Sugar Consumption

- i) At meal sugar exposure (AMSE) 2
- ii) Between meal sugar exposure (BMSE) 0

Total sugar exposure 2

2. General Examination

- a) Built Mesomorphic
- b) Gait Normal
- c) Posture Erect

3. Vital signs

- a) Temperature Afebrile on touch
- b) Blood Pressure Not measured
- c) Pulse 70 beats/min
- d) Respiratory rate - 14 cycles/min

4. Extra Oral examination

- a) Facial symmetry - Bilaterally symmetrical
- b) Lymph node - No abnormality detected
- c) TMS - NO abnormality detected
- d) Lips - competent

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15 Intraoral examination

A) Soft tissue examination

- a) Mucosa No abnormality detected
- b) Vestibule No abnormality detected
- c) Hard palate No abnormality detected
- d) Soft palate No abnormality detected
- e) Oropharynx No abnormality detected
- f) Tongue No abnormality detected
- g) Floor of mouth No abnormality detected
- h) Salivary gland opening no abnormality detected
- i) Any other finding —

Colour Pink with pigmentation

Size and shape class I ant. pyramidal post-tent shaped

Contour scalloped

Consistency soft and edematous

Position apical to CBJ

Bleeding on probing

Texture Loss of stippling

k) Periodontium

Pocket Absent

Loss of attachment Present

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B) Hard tissue examination

1) Dental status

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Teeth present	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	
Teeth decayed	Deep proximal caries \bar{c} 16								Buccal pit \bar{c} 36, 37, 46 Pit and fissure \bar{c} 28, 46, 47							
Teeth missing	-	-														
Teeth filled	Temporary restoration \bar{c} 26								Composite restoration \bar{c} 27							
Root stumps	-	-														
Hypersensitivity	-															
Attrition	-															
Abrasion	\bar{c} 44															
Erosion	-															
Fracture if any	-															

2) Occlusion Angle Class I occlusion with anterior crowding

3) Relevant Indices recorded
 1938 DMFT By Henry Klein, Carole and Palmer
 DMPS Knutson J.W.
 1967 - ONZS By John C. Greene Jack Vermillion

4) Provisional Diagnosis
 Chronic irreversible pulpitis \bar{c} 16
 Chronic generalised gingivitis \bar{c} localised periodontitis
 Chronic reversible pulpitis \bar{c} 27, 28, 34, 46, 47
 Angle's class I malocclusion with anterior crowding

5) Investigations required
 JOPA \bar{c} 16

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18] Final Diagnosis

Chronic irreversible pulpitis \bar{c} 16

Chronic generalized gingivitis \bar{d} localized periodontitis

Chronic reversible pulpitis \bar{c} 27, 28, 36, 37, 46, 47

Angle's Class I malocclusion with anterior crowding

19] Comprehensive Treatment Plan

A] Emergency Phase

Not required

B] Preventive phase

Oral prophylaxis
Oral hygiene instruction

C] Curative phase

RCT \bar{c} 16

Restoration (Amalgam/composite/GIC) \bar{c} 27, 28, 36, 37, 46, 47, 44

Correction of malocclusion

D] Rehabilitative Phase

Not required

E] Maintenance Phase

Patient is called after 7 days for
oral hygiene examination

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At Professional level

A] Primary level of prevention

1. Health promotion

Oral hygiene instruction

Diet counselling (fibrous food intake)

Proper tooth brushing technique

2. Specific protection

Use of chlorhexidine mouth wash

Use of soft bristled toothbrush and fluoridated toothpaste

B] Secondary level of prevention

1. Early diagnosis and prompt treatment

Oral prophylaxis

Restoration (Amalgam / composite / GIC) \bar{c} 27, 28, 36, 36, 46, 47, 44

C] Tertiary level of prevention

1. Disability limitation

RCT \bar{c} 16

Fixed orthodontic treatment

2. Rehabilitation

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2) At individual level

A) Individual level of prevention

1. Health Promotion

Periodic visits to dental office
Diet planning

2. Specific Protection

Use of toothbrush (soft bristled) and fluoridated toothpaste
Use of chlorhexidine mouthwash (0.2%)

B) Secondary level of prevention

1. Early diagnosis and Prompt treatment

Self examination

Referral utilization of dental services

C) Tertiary level of prevention

1. Disability limitation

Utilization of dental services

2. Rehabilitation

Utilization of dental service

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At community level

A) Community level of Prevention

1. Health Promotion

Dental health education program

Brushing technique and oral hygiene

2. Specific protection

Provision of oral hygiene
dental health program

B) Secondary level of prevention

1. Early diagnosis and prompt treatment

Periodic screening and referral utilization

C) Tertiary level of prevention

1. Disability limitation

Provision of dental health services

2. Rehabilitation

Provision of dental health services.


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ORAL HYGIENE INDEX - SIMPLIFIED (OHI-S)

Name of patient
 Address
 Oral Hygiene habits
 Reverse Habits (if any)
 Oral Examination

: Bhatke Chodghe
 : Hatkanangle
 : Toothbrushing
 : —

Date :
 Age : 40 years
 Sex : Female

Simplified Debris index

16	11	26
1	1	1
1	2	1
31	36	

Debris (DI-S) Score = $\frac{7}{6} = 1.14$

Good Fair Poor

Simplified Calculus index

16	11	26
1	1	1
1	0	1
31	36	

Calculus (CI-S) Score = $\frac{6}{6} = 1$

Good Fair Poor

Oral Hygiene of the patient is

OHI-S = DI-S + CI-S
 = 1.14 + 1.0
 = 2.4

Good Fair Poor

[Signature]
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Staff Signature

DMFT / DMFS INDEX

Name of patient Bhatee Ghodghe

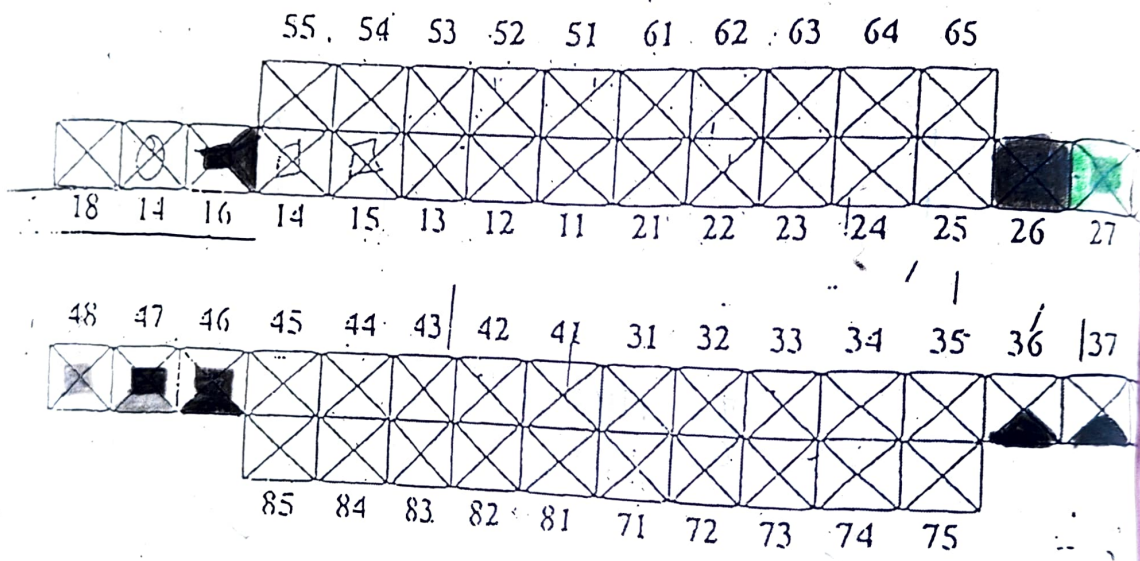
Date :

Occupation - Farmer

Age: 40 years

Oral Hygiene habits Toothbrushing

Adverse Habits (if any) -



DMFT/ dft

D: 06 d:

M: 01 m:

F: 1 f:

07

DMFT / dfs

DS: 12 ds:

MS: 0 ms:

FS: 01 fs:

13

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Seat No.

49447 12

University Exam No.

49447

Mahatma Gandhi Charitable Medical Trust, Warananagar

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RECOGNISED BY DENTAL COUNCIL OF INDIA, NEW DELHI

**AFFILIATED TO MAHARASHTRA UNIVERSITY OF
HEALTH SCIENCES, NASHIK**



**DEPARTMENT OF
PUBLIC HEALTH DENTISTRY
CLINICAL WORK RECORD BOOK**

NAME

Harimkar Suraj Prakash

CLASS

IV BDS.

ROLL NO.

Dr. Harish Kulkarni M.D.S.

Principal

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New Pargaon, Tal. Hatkanangle

Dist. Kolhapur 416 137

YEAR

2022-23

Mahatma Gandhi Charitable
Medical Trust, Warananagar



TATYASAHEB KORE DENTAL COLLEGE

& RESEARCH CENTRE,
NEW PARGAON

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

CERTIFICATE

This is to certify that Mr./ Miss Harinika Suresh
Prakash Reg. No. 0220140956 has satisfactorily completed
the curriculum and required field work in Public Health Dentistry as
prescribed by the MAHARASHTRA UNIVERSITY OF HEALTH
SCIENCES, NASHIK from १४/११/२२ to ३०/११/२२
१४/११/२२ ४/१०/२२

Date ०२/०८/२०२३



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Signature of the Incharge


Head of the Department

Head of the Department
Department of Public Health Dentistry,
T. K. D. C. & R. C. New Pargaon

INDEX

Sr.No.	Work Done	Remark	Staff Sign.
01	Yogesh Pawar		
	Case history recorded		
	DMFT & OHI-S taken		
02	Shivprasad Sathe		
	Case history recorded		
	DMFT & OHI-S taken		
03	Anil Patil		
	Case history recorded		
	DMFT & OHI-S taken		
04	Sachin Patil		
	Case history recorded		
	OHI-S and DMFT taken.		
05.	Yogesh Patil		
	Case history recorded		
	OHI-S and DMFT taken		
06	Armina Shahidvan		
	Case history recorded	<p style="text-align: center;">Dr. Harish Kulkarni M.D.S Principal T. K. D. C. & Research Centre Jew Pargaon, Tal. Hatkanangle Dist. Kolhapur 416 137</p>	
	DMFT and OHI-S taken		

Sr. No	Work done	Remark	Staff sign
7.	Ashraf Mulla Case history recorded DMFT & OHI-S taken.		


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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COMPREHENSIVE ORAL HEALTH ASSESSMENT FORM

1. General Information

Name: Pandurang Bawas Patil

Age: 36 yrs Gender: Male

Occupation: Farmer

Income: 75000/- yearly

Literacy Level: 12th

Socio Economic Status: Middle class

Place of Birth: A/P Nagraj, Dist. Sangli

Residence Since 12 Years of Age: A/P Nagraj

Address: A/P Juna Khed, Tal. Walwa, Dist. Sangli

2. Chief Complaint -

Pt. C/o decayed teeth since 1 month in lower right front region.

3. History of Present Illness

Pt. was apparently alright 1 month ago, then he start noticing decayed teeth and also complaint of pain in upper left back region since 15 days.

4. Medical History

a) Past-Medical history: No relevant history

b) Infection: No relevant history

c) Prior hospitalization: No relevant history

d) Allergies and adverse drug reaction: No relevant history

e) Current medical treatment: No relevant history

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5. Past Dental History

Pt. had undergone RCT 20 yrs ago with LA without any complication

6. Family History

Patient's mother and father are known cases of hypertension and Diabetes.

7. Personal History

a) Marital status : Married

b) Number of siblings : One brother and sister

8. Personal Habits

A) Oral Hygiene Habits

a) Agent : Toothpaste and toothbrush

b) Frequency : Once a day

c) Type of brushing method : Horizontal scrub

e) Frequency of changing brush : 3 months

f) Reason for changing : Fraying

g) Other oral hygiene aids : -

b) Parafunctional Habits-

a) Mouth breathing - Present / Absent

b) Lip biting - Present / Absent

c) Tongue Thrusting - Present / Absent

d) Thumb Sucking - Present / Absent

e) Nail Biting - Present / Absent

c) Adverse Habits

a) Tobacco consumption

I. Smoking: -

II. In other form: -

b) Pan chewing: -

c) Alcoholism: -

d) Any other : -

9. Dietry Habits

a) Vegetarian

b) mixed

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Principal

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Kolhapur 416 137

10. Diet Chart

S.No.	Time	Food/Drink	Form of Sugar	Sugar Score
1.	6:30am	Tea	Liquid	5
2.	8:30 am	Chapati, Rice	-	-
3.	11:30am	Bhakri, Bhaji, Rice	-	-
4.	5:30pm	Tea	Liquid	5
5.	9:00pm	Dinner - Chapati, Bhaji, Rice	-	-

Sweet score (Nisel and Papas) = $5 + 5 = 10 \rightarrow$ Fair

11. Frequency of Sugar Consumption

i) At meal sugar exposure (AMSE) - 0

ii) Between meal sugar exposure (BMSE) - $5 + 5 = 10$

Total sugar exposure - 10 \rightarrow Fair

12. General Examination

a) Built - Mesomorphic

b) Gait - Normal

c) Posture - Erect

13. VITAL SIGNS

a) Temperature - Afebrile

b) Blood Pressure - Not recorded

c) Pulse - 74 beats/min

d) Respiratory Rate - 13 per/min

14. Extra ORAL EXAMINATION

a) Facial Symmetry - Symmetrical

b) Lymph Nodes - Not palpable

c) TMJ - No abnormality

d) Lips - Competent

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15. INTRA ORAL EXAMINATION

A) Soft Tissue Examination

a) Mucosa : Normal

b) Vestibule : Normal

c) Hard palate : Normal

d) Soft palate : Normal

e) Oropharynx : Normal

f) Tongue : Normal

g) Floor of mouth : Normal

h) Salivary gland opening : Normal

i) Any other finding : -

Colour : Pale pink

Size and shape : Anteriorly - pyramidal, posteriorly - tent shaped

Contour : Scalloped

Consistency : Soft and edematous

Position : At CEJ

Bleeding on Probing : Absent

Texture : Stippling absent

k) Periodontium :

Pocket : Absent

Loss of attachment : Absent

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B) Hard Tissue Examination

l) Dental Status

Teeth Present :

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

Teeth Decayed : Proximal caries = 14, 15, 27, Pit and fissure = 12

Teeth Missing : 16, 17, 38, 48

Teeth Filled : 47

Root Stumps : 26

Hypersensitivity : -

Attrition : 11, 21, 31, 32, 41, 42

Abrasion : _____

Erosion : _____

Fracture If Any : 45

m) Occlusion : Angle's Class I malocclusion

n) Relavant Indices Recorded

DMFT caries index by Henry T. Klien, Carrole Palmer,
OH1-S Index by John Greene, Jack Vermillion

16. Provisional Diagnosis

Dental caries = 14, 15, 27, 28

Pulp necrosis = 26

False partial anodontia = 16, 17

Fr

17. Investigations Required

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18. Final Diagnosis

Dental caries \bar{c} 14, 15, 27, 28

Pulp necrosis \bar{c} 26

False partial anodontia \bar{c} 16, 17

19. Comprehensive Treatment Plan-

A. Emergency Phase -

B. Preventive Phase-

- Oral prophylaxis
- Diet counselling
- Proper tooth brushing

C. Curative Phase

Restoration \bar{c} 14, 15, 27, 28

Extraction \bar{c} 26

D. Rehabilitative Phase

E. Maintenance Phase

Pt. is recalled after 6 months for integrity of restoration

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20. AT PROFESSIONAL LEVEL

A. PRIMARY LEVEL OF PREVENTION

1. Health Promotion

- diet counselling

- proper brushing technique

2. Specific Protection

- use of CHX

- caries activity test

B. SECONDARY LEVEL OF PREVENTION

1. Early Diagnosis and Prompt Treatment

- restoration \bar{c} 14, 15, 27, 28

- extraction \bar{c} 26

C. TERTIARY LEVEL OF PREVENTION

1. Disability Limitation

2. Rehabilitation

21. AT INDIVIDUAL LEVEL

A. INDIVIDUAL LEVEL OF PREVENTION

1. Health Promotion

- Oral hygiene maintenance
- diet planning

2. Specific Protection

- use of flouridated toothpaste

B. SECONDARY LEVEL OF PREVENTION

1. Early Diagnosis and Prompt Treatment

- periodic visit to dental office
- utilisation of dental service

C. TERTIARY LEVEL OF PREVENTION

1. Disability Limitation

- utilisation of dental services

2. Rehabilitation

- utilisation of dental services

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22. AT COMMUNITY LEVEL

A. COMMUNITY LEVEL OF PREVENTION

1. Health Promotion

- lobby efforts

- encourage research

2. Specific Protection

- community water flouridation

B. SECONDARY LEVEL OF PREVENTION

1. Early Diagnosis and Prompt Treatment

- provision of dental service

C. TERTIARY LEVEL OF PREVENTION

1. Disability Limitation

- provision of dental services

2. Rehabilitation

- provision of dental services

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General Information →

Name: Yogesh Pawar

Age: 23 years

sex: Male

Occupation: Employee

Literacy Level: 10th pass

Income: 14,000/month.

Socioeconomic status: middle class

Address: In front of Tatyasaheb Kore Dental College,
New Pargaon.

Place of Birth: At. Kagal Dist. Kolhapur.

Residency since 12 years. At. New Pargaon Tal. Hatkanangle
Dist. Kolhapur.# Chief complaint: patient complains of pain in upper
left front tooth region since 2 days# History of present illness: patient was apparently alright
2 days back, then he started complaining about
pain in maxillary anterior region of left side, pain is
throbbing type, continuous and is mild in nature
pain increases while swallowing.

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Past medical History -

- (A) medical History - No relevant history
- (B) Prior history of hospitalization - patient had history of an road traffic accident 4 months back, then he was hospitalized for 8 days.
- (C) Infection - No relevant history
- (D) Allergy - No relevant history

Past Dental History - No relevant history

Family History - No relevant history

Marital status - Unmarried

No. of siblings. - 0 (NO siblings)

Personal History -

(A) Oral Hygiene Habits →

Agent - colgate and soft bristled toothbrush

Frequency - once in a day

Technique of brushing - Bass method

Frequency of changing toothbrush - 2 months

Reason for changing toothbrush - bristles

Other oral hygiene aids -

(B) Parafunctional Habits -

- mouth breathing - Absent
- Tongue thrusting - Absent
- Lip biting - Absent
- Nail biting - Absent

(C) Adverse Habits -

(a) Tobacco →

(i) smoking → patient smokes 3 cigarettes per day since 2 years.

(ii) Any other form -

(b) Paan chewing - Absent

(c) other form - Absent

(D) Dietary Habits - mixed diet

Dietary Charts →

Sr. No.	Time	Diet	Sugar form	Total.
1	8:30 Am	Breakfast: Pohe, upma etc. Tea = two tbps sugar	Liquid	5
2	12:30 pm	Lunch: Chapati - Bhaji	-	-
3	4:30 pm	Tea = two tbps sugar	Liquid	5
4	9:00 pm	Dinner - Chapati, Bhaji and 2 Bowl rice		
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				Total = 10 [Good]

Sugar consumption →

At meal sugar exposure = 10

Between meal sugar exposure = 0

Total exposure = 10 [Good]

General Examination -

Gait - Normal

Built - Average

Posture - Erect

vital signs -

Temperature - Afebrile on touch

Blood pressure - Not recorded

Pulse - 72 beats/min

Respiratory Rate = 17 cycles/min

Extraoral Examination →

(i) Facial symmetry - Bilaterally symmetrical

(ii) TMJ - No clicking, No popping sound present

(iii) Lymph node - Non-tender; Non-palpable

Intraoral Examination →

(A) soft tissue examination →

Mucosa - No abnormality detected

Velum - No abnormality detected

Tongue - No abnormality detected

Floor of mouth - No abnormality detected

Hard palate - No abnormality detected

- soft palate - No abnormality detected
- oropharynx - No abnormality detected.

Gingiva →

- colour - coral pink
- consistency - soft and edematous
- Texture - stippling absent
- position - At CEJ
- contour - scalloped
- Bleeding on probing - Absent
- shape - Anterior fent shaped; posterior - Pyramidal shaped.

Periodontal Examination →

- Pathological pocket - Absent
- clinical Attachment loss - Absent

(B) Hard tissue examination →

- Teeth present →

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8

- Teeth Decayed → proximal caries \bar{c} 11; pit + fissure caries \bar{c} 16, 27, 26; Deep occlusal caries \bar{c} 21

- Fracture - Absent
- Attrition - 41
- Erosion - Absent

- Other findings → Root stumps \bar{c} 36, 46

- molar relationship → Angle's class - II

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Indices recorded - OHIS + DMFT Index

Provisional Diagnosis - chronic irreversible pulpitis \bar{c} 11, 21
pulp Necrosis \bar{c} 36, 46, 21
chronic reversible pulpitis \bar{c} 16

Investigation -
SDPA \bar{c} 36, 46, 21

Final Diagnosis - ~~acute~~ chronic irreversible pulpitis \bar{c} 11, 21
Pulp Necrosis \bar{c} 36, 46, 21
chronic reversible pulpitis \bar{c} 16

Comprehensive Treatment Plan \rightarrow

Emergency Phase - Extraction \bar{c} 36, 46, 21

curative phase - oral prophylaxis

maintainance phase - Not required

Immediate phase - Not required

Rehabilitation phase - Restoration \bar{c} 11, 16, 27, 26 using
GIC / composite / amalgam.

(A) At professional Level \rightarrow

(i) Primary Level of prevention -

(a) Health promotion \rightarrow patient education
Diet counselling.

(b) Specific protection \rightarrow Application of APF Gel.
Fluoridated toothpaste
Fluoridated mouthrinse

(ii) Secondary level of prevention \rightarrow

Early Diagnosis and prompt treatment

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11, 16, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
Kolhapur 416 11

(iii) Tertiary level of prevention →

- Disability Limitation → Extraction & 36,46,21

- Rehabilitation phase.

(B) At Individual Level →

(i) Primary Level of prevention →

Health promotion → patient education

plaque control programme

Diet counselling

Specific Protection → use of dental floss,

use of fluoridated toothpaste

use of fluoridated mouthrinse

(ii) Secondary level of prevention →

Early Diagnosis and prompt treatment →

Preventive Resin restoration

(iii) Tertiary level of prevention →

- Disability limitation - utilization of dental services

- Rehabilitation → utilization of dental services

(C) At community level →

(i) Primary level of prevention →

Health promotion - plaque control programme

Health education programme

Specific Protection → water fluoridation programme

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(ii) Secondary level of prevention → Periodic screening

provision of dental service.

(iii) Tertiary level of prevention → provision of dental service.

Oral Hygiene Index - Simplified

Name - Yogesh pawar

Age - 23 years

sex - male

Oral Hygiene Habits → pt. cleans teeth using toothbrush and toothpaste once a day.

Adverse Habits → pt. has habit of smoking ³ cigarettes per day since 2 years.

Debris Index

26	11	16
1	1	1
2	0	0
46	31	36

Debris index = 5

calculus Index

1	1	1
0	2	0

calculus index = 5

$$\text{OHI-S} = \text{Debris Index} + \text{calculus Index}$$

$$5 + 5$$

$\text{OHI-S} = 10$

OHI-S →

Good = 0.0 - 1.2

Fair = 1.3 - 3.0

Poor = 3.1 - 6.0

Good

Fair

Poor

patient's oral Hygiene Index is poor.

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DMFT Index

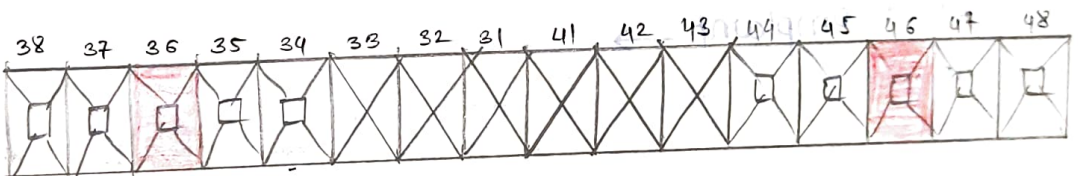
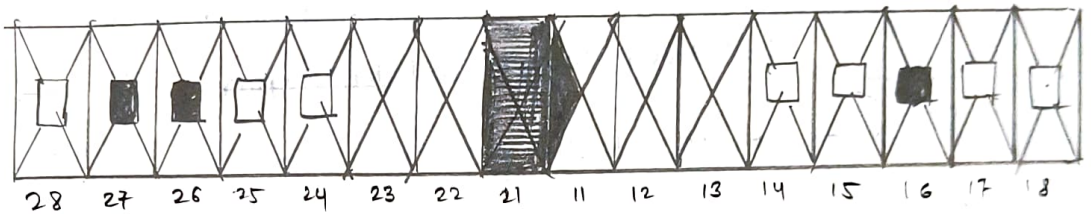
Name - Yogesh pawar

Age - 23 years

sex - male

Oral Hygiene Habits → pt. cleans his teeth using toothbrush and toothpaste once a day.

Adverse Habits - pt. has habit of smoking 3 cigarette Per day since 2 years.



- missing
- Decayed
- Filled

DMFT →

D = 5

m = 2

F = 0

DMFT = 7

DMFS =

D = 8

m = 10

F = 0

DMFS = 18

→ Total DMFT of patient is 7

→ Total DMFS of patient is 18

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General Information →

- A) Name - Yogesh Patil
- B) Age - 24 years
- C) sex - male
- D) Occupation - student
- E) Literacy level - Graduate
- F) Income - 50,000/annum
- G) Socioeconomic status - middle class
- H) Address - Behind Hira medical At. Talsonde
Tal. Hatkanangle Dist. Kolhapur
- I) Place of birth - Kolhapur
- J) Residency ~~less~~ since 12 years → At Talsonde Dist - Kolhapur

Chief complaint →

patient complains of decayed teeth in upper left back tooth region since 2 years

History of present illness -

patient was apparently alright 2 years before, then he started complaining about food lodgement in carious tooth.

Medical History -

No relevant history

Previous History of Hospitalization -

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Past drug History - No relevant history

History of allergy - No relevant history

Past dental History - patient had undergone ~~extraction~~
Root canal treatment two years back under LA without
any complications.

Family History - No relevant history

Personal History - marital status - unmarried
No. of siblings - 2 elder sisters.

Personal Habits -

(A) Oral Hygiene Habits -

Agent → medium bristled toothbrush and toothpaste

Frequency → once a day

Method of brushing teeth → scrub method

Frequency of changing toothbrush → 2 months

Reason for changing toothbrush → Flaming of bristles

Other oral hygiene aids → NO

(B) Parafunctional Habits -

Thumb sucking - Absent

Mouth breathing - Absent

Lip biting - Absent

(C) Adverse Habits - Absent

(D) Diet status - mixed.


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sweet score chart

Sr. no.	Time	Description	Form of sugar	Score
1.	9:00 AM	Tea \bar{c} 1 tbs sugar	Liquid	5
		Breakfast - Shira \bar{c} 2 tbs sugar	Solid	10
2.	1:00 pm	Lunch - Chapati - Bhaji	-	-
3.	4:00 pm	Tea \bar{c} 1 tbs sugar	Liquid	5
4.	8:30 pm	Dinner - Chapati - Bhaji 2 bowl rice and dal.	-	-
				total = 20

Total sugar consumption = 20

Total meal sugar exposure = 20 [watchout zone]

Between meal sugar exposure = 0

Sweet score = 20 [watchout zone]

General Examination \rightarrow

Built - mesomorphic

gait - Normal

Posture - Erect

vital signs \rightarrow

Temperature - Afebrile on touch

pulse rate - 75 beats/min

Respiratory rate - 17 cycles/min

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Extraoral Examination

- TMJ → Non tender / NO -clicking ; no-popping sound present
- Lymph node - Not palpable
- Facial symmetry - Bilaterally symmetrical
- Lip - competent

Intraoral Examination -

(A) Soft tissue examination -

- Mucosa - No relevant ~~history~~ finding
- Vestibule - No relevant ~~history~~ finding
- Tongue - NO relevant ~~history~~ finding
- Floor of mouth - NO relevant ~~history~~ finding
- Oropharynx - No relevant finding
- Soft palate - NO relevant finding
- Hard palate - NO relevant finding
- Other findings - NO relevant finding

Gingiva →

- Colour - coral pink & melanin pigmentation
- size and shape - Anterior - pyramidal shaped
posterior - Tent shaped
- Contour - scalloped at gingival margin
- consistency - firm and resilient
- Texture - stippling present

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Periodontal →

Bleeding on probing - Absent

Pocket depth - Absent

Attachment loss - Absent

[B] Hard tissue examination →

- Teeth present →

7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
7	6	5	4	3	2	1		1	2	3	4	5	7		

- Decayed teeth → pit and fissure caries - 16, 17, 26, 37, 46, 47

Grossly decayed - 27, 45

- Root stumps → 236

- Attrition - —

- Abrasion - —

- Hypersensitivity - —

- Erosion - —

Indices Recorded →

- OHIS

- DMFT

Provisional Diagnosis →

- Chronic irreversible pulpitis 27, 45

- pulp necrosis 36

- pit and fissure caries 16, 17, 26, 37, 46, 47

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Investigation →

Advised RPAE 27, 45, 36

Final Diagnosis →

chronic irreversible pulpitis 27, 45

pit and fissure caries 16, 17, 26, 37, 46, 47

pulp Necrosis 236

Treatment Planning →

- Emergency phase - Not required.
- maintenance phase - pt. is recalled after 3 months to visit dentist for oral hygiene
- Preventive phase - oral prophylaxis - scaling
patient education for oral Hygiene
- Rehabilitation phase → Not required
- curative phase → Extraction 236

At professional level →

(A) Primary level of prevention →

Health promotion → patient education
Diet counselling

Specific protection → caries activity test
Fluoridated toothpaste
Fluoridated water

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(B) Secondary Level of prevention →

- Early diagnosis and prompt treatment →
- Preventive resin restoration.
- Restoration E 16, 17, 26, 37, 46, 47 E Amalgam (GIC) composite.
- Oral prophylaxis.

(C) Tertiary Level of prevention →

- Disability limitation → Extraction E 36
RCT E 27, 45
- Rehabilitation phase → —

At Individual Level →

(A) Primary Level of prevention →

Health promotion → Diet planning; Periodic visits to dental office; Demand for preventive services.

Specific protection → use of dental floss; chlorhexidine mouth wash.

(B) Secondary level of prevention →

→ self examination and utilization of dental services.

⊕ Tertiary Level of prevention →

Disability Limitation → Utilization of dental services

At community Level →

Ⓐ Primary Level of prevention →

Health promotion → Diet Health education programme,
Demonstration of proper brushing
technique; use of oral Hygiene
aids.

Specific Protection → Provision of oral aids
Dental Health programme

Ⓑ Secondary Level of prevention →

Early diagnosis and prompt treatment →

Periodic screening and provision of
dental services.

Ⓒ Tertiary Level of prevention →

→ Disability Limitation → Provision of dental
Services

→ Rehabilitation → provision of Dental services.

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oral Hygiene Index

Name - Yogesh patil

Age - 24 yrs

sex - male

oral Hygiene Habits \rightarrow pt cleans his teeth once a day using toothbrush and toothpaste

Adverse Habit \rightarrow No relevant History

Debris Index

26	11	16
1	1	1
0	0	0
46	31	36

$$DI = 3$$

calculus Index

26	11	16
1	1	1
0	2	0
46	31	36

$$CI = 5$$

$$\text{Good} = 0.0 - 0.6$$

$$\text{Fair} = 0.7 - 1.8$$

$$\text{Poor} = 1.9 - 3.0$$

$$\begin{aligned} OHI-S &= DI + CI \\ &= 3 + 5 \end{aligned}$$

$$OHI-S = 8$$

patient's oral Hygiene index is 8

$$\text{Good} = 0.0 - 1.2$$

$$\text{Fair} = 1.3 - 3.0$$

$$\text{Poor} = 3.1 - 6$$

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DMFT Index

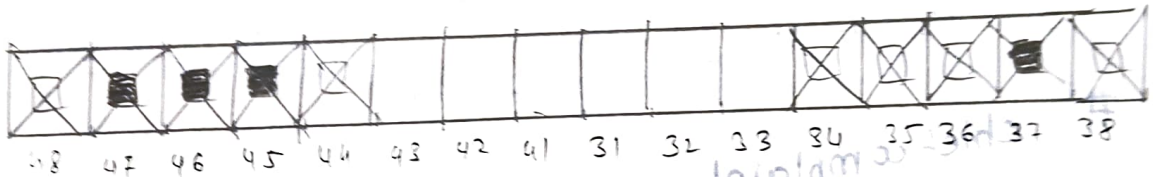
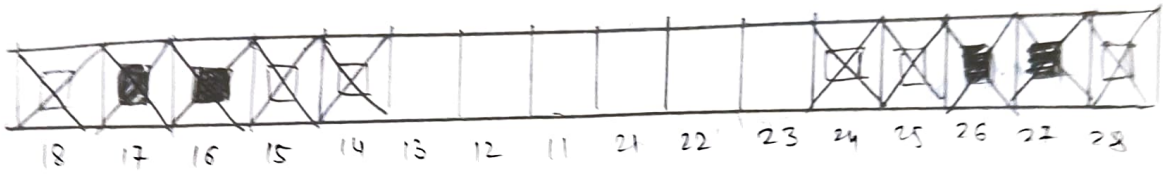
Name - Yogesh patil

Age - 24 yrs

sex - male

oral Hygiene Habits - pt. cleans his teeth once a day
using toothbrush and toothpaste

Adverse Habit - Absent



- Decayed
- ⊗ Missing
- Filled

DMFT =

D = 8

m = 0

F = 0

DMFT = 8

DMFS =

Ds = 8

ms = 0

fs = 0

DMFS = 0

Total 8 surfaces are decayed.

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General Information →

Name - Shivprasad Sanjay Sathé

Age - 23 years

Sex - male

Occupation - student

Literacy Level - IV - BDS

Income - 50,000/month.

Socioeconomic status - upper middle class.

Address - Mahadwar Road Kolhapur.

Chief complaint -

pt. complains of decayed teeth in lower right back tooth region since 1 month.

History of present illness →

patient was apparently alright 1 month back, and then started complaining about food lodgement in mandibular posterior tooth region of right side. No history of pain and swelling.

Medical History -

No relevant history.

#1 Past Dental History -

patient had undergone extraction of 32 1 year back under LA without any complication.

#1 Family History - No relevant history.

#1 Personal History - marital status → unmarried,
No. of siblings - 1 elder sister.

#1 Personal Habits →

(A) Oral Hygiene Habits →

- Agent → Toothpaste and soft bristled toothbrush

- Frequency - 2 times a day

- Duration - 2 min

- Technique of brushing - scrub method

- Frequency of changing toothbrush - 3 months

- Reason for changing toothbrush - Flaming of bristles.

- Other oral Hygiene aids -

(B) Parafunctional Habits → Absent

(C) Adverse Habits - Absent

(D) Dietary Habits → mixed diet

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Diet chart.

Sr. no	Time	Description	Form of sugar	Score
1.	9:00 Am	Breakfast, - Poha Tea & 2 tbps sugar	Liquid	5
2.	12:30 pm	Lunch - 2 chapati Bhaji & 1 Bowl of rice and dal	-	-
3.	4:00 pm	Tea & 2 tbps sugar	Liquid	5
4.	9:00 pm	Dinner - 2 chapati; Bhaji 1 Bowl rice and dal	-	-
Total →				10

total sugar consumption →

At meal sugar exposure = 10

Between meal sugar exposure = 0

Total = 10 [Good]

General Examination →

Built - mesomorphic

Gait - Normal

Posture - Erect

vital signs →

- Blood pressure - not recorded
- Temperature - Afebrile on touch

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- Pulse - 72 beats/min
- Respiratory Rate - 17 cycles/min

Extraoral Examination →

- Facial symmetry - Bilaterally symmetrical
- TMJ - No clicking; No popping sound
- Lymph node - Not palpable
- Lip competency - competent

Intraoral Examination →

[A] soft tissue examination →

- Tongue - No abnormality detected
- Floor of mouth - No abnormality detected
- Buccal mucosa - No abnormality detected
- Vestibule - No abnormality detected
- Oropharynx - No abnormality detected
- Hard palate - No abnormality detected
- Soft palate - No abnormality detected.

Gingiva →

- Colour - coral pink
- Consistency - firm and resilient
- Texture - stippling present
- Bleeding on probing - Absent
- Position - At CEJ

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Shape - Ant-pyramidal
Posterior - Tent shaped.

Periodontal Examination →

Pocket depth - Absent

Clinical Attachment loss - Absent

[B] Hard tissue examination →

- Tooth present →

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8

- Teeth missing -

- Teeth decayed - pit and fissure caries 0
17, 18, 27, 28, 37, 46, 47

- Tooth filled - 26, 36, 21

- Attrition - -

- Abrasion - -

- Erosion - -

- Fracture - -

- Occlusion → Angle's class

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Oral relationship

Indices Recorded →

- OHI-S
- DMFT

Provisional Diagnosis →

pit and fissure caries \bar{c} 17, 18, 27, 28, 36, 37

Investigation -

Final Diagnosis.

pit and fissure caries \bar{c} 17, 18, 27, 28, 36, 37

Comprehensive Treatment Plan →

- Emergency phase - Not required
- Preventive phase - oral prophylaxis
- Periodontal phase - Not required
- Restorative phase - Restoration \bar{c} 17, 18, 27, 28, 36, 37 using \bar{c} amalgam / GFC / composite
- Surgical phase - Not required
- Orthodontic phase - Not required.

At professional level →

Ⓐ Primary Level of prevention →

Health promotion → Diet counselling

Specific protection → Oral prophylaxis

(B) secondary Level of prevention →

Early Diagnosis and promote treatment →

Restoration in 17, 18, 27, 28, 36, 37 using Grey Amalgam / composite

(C) Tertiary Level of prevention →

- Disability Limitation → Not required

- Rehabilitation - Not required

At individual Level →

(A) Primary Level of prevention →

Health promotion → Diet control; more fibrous diet, oral Hygiene aids, Demand for dental services

Specific protection → use of dental floss, fluoridated toothpaste, soft bristled toothbrush, use of chlorhexidine mouthwash

(B) Secondary Level of prevention →

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examination and referral; of dental services

③ Tertiary Level of protection →

- Disability Limitation → Utilization of dental services
- Rehabilitation → Utilization of dental services

At community level →

① At primary level of prevention →

- Health promotion → Health education programmes, proper brushing technique
- Specific protection → Oral prophylaxis programme

② Secondary level of prevention →

- Periodic screening
- Provision of dental services

③ Tertiary level of prevention

- Disability limitation - provision of dental services
- Rehabilitation - provision of dental services

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OHI-S.

Name - Shivprasad Sanyal sathu

Age - 23 years

Sex - male

Address - Kolhapur.

Debris Index

17	11	26
1	0	1
1	0	1
46	31	36

$$\text{Debris Index} = 4/6 = 0.6$$

$$\text{Good} = 0 - 0.6$$

$$\text{Fair} = 0.7 - 1.2$$

$$\text{Poor} = 1.9 - 3.0$$

Debris index of patient is good

$$\text{OHI-S} = \text{DI} + \text{CI}$$

$$= 0.6 + 0$$

$$\text{OHI-S} = 0.6$$

calculus Index

17	11	26
0	0	0
0	0	0
46	31	36

$$\text{calculus index} = 0/6 = 0$$

calculus index of patient is good

$$\text{Good} = 0 - 1.2$$

$$\text{Fair} = 1.3 - 3.0$$

$$\text{Poor} = 3.1 - 6.0$$

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Principal Hygiene index is good.

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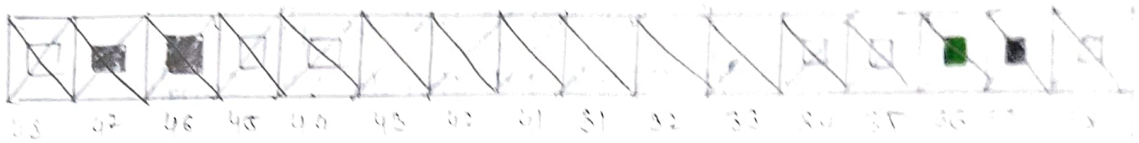
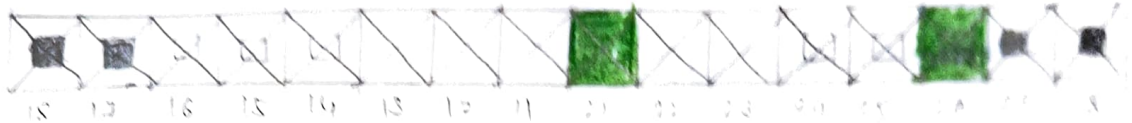
DMFT

Name - Shivprasad Sanjay Sathe

Age - 23 years

Sex - Male

Address - Kolhapur



- - Filled tooth/surface
- - Decayed tooth/surface
- - Missing tooth/surface

← total decayed teeth

Decayed tooth - 7

Decayed surface - 7

missing tooth - 0

missing surface - 0

Filled tooth - 3

Filled surface - 10

DMFT = 10

DMFS = 17

patient's carries experience 10 teeth and 17 surfaces.

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General Information.

Name - Anil patil

Age - 40 years

Sex - male

Occupation - Farmer

Literacy Level - ~~14000/month~~ 12th

Income - 14,000/month

Socioeconomic status - Lower middle class

Address - A/p Kande Tal. Shirala Dist. Sangli

Place of birth - A/p Kande Tal. Shirala Dist. Sangli

Chief complaint →

patient complaint of dirty teeth in both upper and lower arch in front and back tooth region of left and right side since 1 year.

History of present illness →

patient was apparently alright 1 year back then he noticed stains and debris and food lodgement in between teeth. He also experienced malodour and bleeding from gums.

Past medical History - No relevant history

- Infection - No relevant history
- Prior hospitalization - No relevant history

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- Allergy - No relevant history
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Past Dental History - patient undergone extraction 20 years back under LA without any complication

Family History - NO relevant History

Personal History - marital status - married
No. of siblings - 1 elder brother

Personal Habits -

(A) Oral Hygiene Habits →

Agent - Toothpaste and medium bristled toothbrush

Frequency - once in a day

Type of brushing method - scrub method

Frequency of changing toothbrush - 3 months

Reason for changing toothbrush - Flaming of bristles

Other oral hygiene aids - -

(B) Parafunctional Habits →

Mouth breathing - Absent

Lip biting - Absent

Tongue thrusting - Absent

Thumb sucking - Absent

Nail biting - Absent

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⊙ Adverse Habits -

- Tobacco consumption - Absent
- Pan chewing - Absent
- Alcoholism - Absent
- Any other - Absent

Dietary Habits → mixed diet

Diet chart →

Sl.no	Time	Food	Form of sugar	sugar score
1)	8:00 am	1 cup of tea + 2 tbps sugar	Liquid	5
2)	12:00 pm	1 Bhaleni Bhaji; milk 1 bowl rice	-	-
3)	4:00 pm	1 cup of tea + 2 tbps sugar	Liquid	5
4)	8:00 pm	1 Bhaleni; Bhaji; milk; 1 Bowl rice	-	-

Total → 10

sweet score [Nisel + pappas] → 10 [Good]

Frequency of sugar consumption →

At meal sugar exposure → 10

Between meal sugar exposure

Total sugar exposure

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Kolhapur (16/17)

General Examination

- Built - mesomorphic
- Gait - Normal
- Posture - Erect

vital signs

- Temperature - Afebrile on touch
- Blood pressure - Not recorded
- Pulse - 72 beats/min
- Respiratory Rate - 17 cycles/min

Extraoral Examination →

- Facial symmetry - Bilaterally symmetrical
- Lymph node - Non tender, Non palpable
- TMJ - No abnormality detected
- Lips - competent

Intraoral Examination →

[A] soft tissue examination →

- Mucosa - No abnormality detected
- Vestibule - No abnormality detected
- Hard palate - No abnormality detected
- Soft palate - No abnormality detected
- Oropharynx - No abnormality detected
- Tongue - No abnormality detected
- Floor of mouth - No abnormality detected
- Salivary gland opening - No abnormality detected
- Any other findings - No abnormality detected

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Gingiva →

Colour - coral pink ± melanin pigmentation

Size and shape - Anterior - pyramidal

posterior - tent shaped,

contour - rounded gingival margin

consistency - soft and edematous

position - At CES

Bleeding on probing - Present

Texture - stippling absent

Periodontium →

pocket - Absent

loss of attachment - Absent

(B) Hard Tissue examination

- Teeth present -

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8

- Teeth Decayed - pit and fissure caries ± 14

- Teeth missing - 36

- Teeth filled - 26, 27

- Root stumps - —

- Hypersensitivity - —

- Attrition - 31, 32, 41, 42

- Abrasion - —

- Erosion - —

occlusion → Angle's class - I molar relationship

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Relevant Indices Recorded →

OHIS → John C. Green; Jack R. Vermillion. [1964]

DMFT → Carole E. Palmer; Henry T. Klein; Knutson J.W. [1938]

Provisional Diagnosis →

- Generalised Gingivitis
- Pit and fissure caries \bar{c} 47
- False partial anodontia. \bar{c} 36

Investigation -

Final Diagnosis - chronic Generalised gingivitis

- pit and fissure caries \bar{c} 47
- False partial anodontia \bar{c} 36

Comprehensive Treatment Plan →

- (A) Emergency phase → Not required
- (B) Preventive phase - oral prophylaxis - scaling
patient education - like soft bristled
toothbrush and fluoridated tooth paste
- (C) Rehabilitation phase -
prosthesis \bar{c} 36 FPD/Implant
- (D) curative phase - oral prophylaxis
- Restoration \bar{c} 47 using amalgam (GIC/composite)
- (E) Maintenance phase -
patient is recalled after 3 months to visit
dental office.

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At professional Level →

(A) Primary Level of prevention →

1. Health promotion →
 - patient education
 - Diet counselling
 - Recall reinforcement

2. Specific protection →
 - Oral prophylaxis
 - caries activity test.

(B) Secondary Level of prevention →

Early diagnosis and prompt treatment →

- complete exam
- Prompt treatment of incipient lesion
- Preventive resin restoration

(C) Tertiary Level of prevention →

1. Disability Limitation →

Restoration \approx 47 using Amalgam / GIC/composite

2. Prosthesis Rehabilitation →

Prosthesis \approx 36 FPD/Implant.

At individual Level →

(A) Primary Level of prevention →

1. Health promotion -
 - Diet planning
 - Demand for preventive services
 - Periodic visits to dental office

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2. specific protection →

- ingestion of fluoridated water
- use of dental floss
- chlorhexidine mouthwash
- fluoridated toothpaste
- soft bristled toothbrush

② Secondary Level of prevention →

Early diagnosis and prompt treatment -

- self examination
- Utilization of dental services

③ Tertiary Level of prevention →

1. Disability Limitation → Utilization of dental services
2. Rehabilitation → Utilization of dental services.

At community level.

① Primary Level of prevention →

1. Health promotion → Dental Health education programme
 - Demonstration of proper brushing technique
 - Use of oral hygiene aids.
2. Specific protection →
 - Dental Health programme
 - Provision of oral aids.

② Secondary Level of prevention →

- Early diagnosis and prompt treatment →
 - Periodic screening and referral
 - Provision of dental services

③ Tertiary Level of prevention →

- Disability Limitation →
provision of dental services
- Rehabilitation →
provision of dental services.


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Name - Anil patil

Address - A/p Konde Tal. Shirzola Dist Kolhapur

Date - 9/01/2023

Age - 40 yrs

sex - male

Oral Hygiene Habits - pt. cleans his teeth with toothbrush and toothpowder

Adverse Habit - Absent

Intraoral Examination - Pit and fissure \bar{c} 47missing \bar{c} 36filled \bar{c} 26, 27

Debris index

16	11	26
0	1	1
0	2	1
46	31	37

calculus index

16	11	26
0	1	1
1	3	1
46	31	37

$$DI = \frac{5}{6} = 0.8$$

$$CI = \frac{7}{6} = 1.1$$

DI-S & CI-S score

Good - 0.0 - 0.6

Fair - 0.7 - 1.8

Poor - 1.9 - 3.0

$$OHI-S = DI + CI$$

$$= 0.8 + 1.1$$

$$OHI-S = 1.9$$

OHI-S score \rightarrow

Good - 0.0 - 1.2

Fair - 1.3 - 3.0

Poor - 3.1 - 6.0

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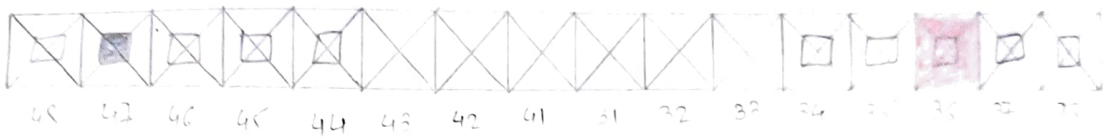
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patient's oral Hygiene index is fair


DMFT/DMFS Index

Name - Anil Patil



 - Decayed

 - Missing

 - Filled

DMFT -

$$D = 1$$

$$M = 1$$

$$F = 2$$

$$DMFT = 1 + 1 + 2 = 4$$

DMFS -

$$DS = 1$$

$$MS = 5$$

$$FS = 2$$

$$DMFS = 1 + 5 + 2 = 8$$

Total 1 surface is decayed

5 surfaces are missing

2 surfaces are filled

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General Information.

- Name - Sachin Patil
- Age - 24 years
- Sex - Male
- Occupation - Machine Worker
- Income - 50,000 monthly
- Literacy level - Graduate
- Socioeconomic status - upper middle class
- Place of birth - Kolhapur
- Address - Amshe 324, Amshe Fata, Tal. Karvir, Kolhapur

Chief Complaint →

Pt. complains about missing tooth in lower left back tooth region since 1 year.

History of Present illness →

Pt. was apparently alright 1 year ago, after that tooth was decayed and then fallen out and now he has difficulty in mastication & speech.

Past Medical History →

- Past medical history - No relevant history

Past Dental History →

No relevant history.

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Family History - No relevant history

Personal History - Marital status - unmarried
No. of siblings - —

Personal Habits -

(A) Oral Hygiene Habits →

- a) Agent - Toothbrush and toothpaste
- b) Frequency - once a day
- c) Type of brushing technique - scrub method
- d) Frequency of changing toothbrush - 3 months
- e) Reason for changing toothbrush - Flaming of bristles
- f) Other oral Hygiene aids - —

(B) Parafunctional Habits →

- mouth breathing - Absent
- Lip biting - Absent
- Tongue thrusting - Absent
- Thumb sucking - Absent
- Nail biting - Absent

(C) Adverse Habits →

- (a) Tobacco consumption → Absent
- (b) Pan chewing - Absent
- (c) Alcoholism - Absent
- (d) Any other - Absent
- (e) Dietary Habits → mixed diet

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Diet chart →

sr. no.	Time	Food / drink	Form of sugar	sugar score
1.	7:00 AM	1 glass of lemon water + 2 tps sugar	Liquid	5
2.	10:00 am	1 Bhakri, Bhaji, 1 bowl rice and 1 bowl of shira	Solid	10
3.	12:00 pm	1 cup of tea + 2 spoon of sugar	Liquid	5
4.	5:00 pm	1 cup of tea + 2 tps sugar	Liquid	5
5.	10:00 pm	1 Chapati-Bhaji + 1 bowl rice + ice cream	Solid	10

Total → 35

Sweet score → 35 [watch out zone]
[Nisel & papas]

Frequency of sugar consumption →

- At meal sugar exposure = 20
- Between meal sugar exposure = 15
- Total sugar exposure = 35

General Examination

- Built → mesomorphic
- Hair → Normal
- Posture → Erect.

Vital signs -

- Temperature - Afebrile on touch
- Blood pressure - —
- Pulse - 76/min.

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Respiratory Rate - 12 cycles / min

Extraoral Examination →

- a) facial symmetry - Bilaterally symmetrical
- b) Lymph nodes - Non-palpable / Non-tender
- c) TMJ - No abnormality detected
- d) Lips - competent.

Intraoral Examination →

Ⓐ soft tissue examination →

- muosa - No abnormality detected
- vestibule - No abnormality detected
- Hard palate - No abnormality detected
- soft palate - No abnormality detected
- oropharynx - No abnormality detected
- tongue - No abnormality detected
- salivary gland opening - No abnormality detected
- Any other finding - No abnormality detected

Gingiva →

- colour - coral pink ± melanin pigmentation
- size and shape - Anterior - pyramidal; posterior - tent shaped.
- contour - scalloped gingival margin
- consistency - firm and resilient
- Position - At CEJ
- texture - stippling present

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Periodontium →

Pocket - Absent

Loss of attachment - Absent.

ⓑ Hard Tissue examination →

- Teeth present →

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

- Teeth decayed →

pit and fissure caries \bar{c} 16, 27, 26, 34, 37, 47

Grossly decayed \bar{c} 46

- Teeth missing - —

- Root stumps - 36

- Hypersensitivity - —

- Attrition - —

- Abrasion - —

- Erosion - —

- Occlusion → Angle's class - E molar relationship.

Relevant Indices Recorded →

- DMFT - [Carole E Palmer; Knutson J.W; Henry T. Klein]

- OHIS - [John C. Green; Jack R. Vermillion]

Provisional Diagnosis →

- pulp necrosis \bar{c} 36

- chronic irreversible pulpitis \bar{c} 46

- pit and fissure caries \bar{c} 16, 26, 27, 34, 37, 47

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Investigation Required →

JOPA E 36

Final Diagnosis →

~~pit~~ pulp necrosis E 36

chronic reversible pulpitis E 46

pit and fissure caries E 16, 27, 26, 34, 37, 47

Comprehensive Treatment Plan →

(A) Emergency phase - ~~Not~~ required. Extraction E 36

(B) Preventive phase - oral prophylaxis patient education

(C) Curative phase - Restoration E 16, 26, 27, 34, 37, 47, 46
using GIC/amalgam/composite

(D) Rehabilitation phase - Not required

(E) Maintenance phase - patient is recalled after 3 months
to visit dental office

At professional Level →

(A) Primary Level of prevention →

1. Health promotion →

- Patient education
- Diet counselling
- Recall Reinforcement.

2. Specific protection →

- oral prophylaxis
- caries activity test

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(B) Secondary level of prevention →

Early diagnosis and prompt treatment →

- complete examination
- prompt treatment of incipient lesion
- Preventive Resin Restoration

(C) Tertiary level of prevention →

→ Disability limitation →

Restoration \bar{c} 16, 26, 27, 34, 37, 47 using GIC/amalgam/
composite

→ Rehabilitation →

Not required.

At individual level →

(A) primary level of prevention →

1. Health promotion →

- Diet planning
- Demand for preventive services
- Periodic visit to dental services

2. Specific protection →

- Ingestion of fluoridated water
- use of dental floss
- Chlorhexidine mouthwash
- Fluoridated toothpaste
- soft bristled toothbrush

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Ⓑ Secondary Level of prevention →

Early diagnosis and prompt treatment →

→ self examination

→ utilization of dental services

Ⓒ Tertiary Level of prevention →

Disability Limitation → Utilization of dental services

Rehabilitation → Utilization of dental services.

At community Level →

Ⓐ Primary Level of prevention →

1. Health promotion → Dental Health education programme

- Demonstration of proper brushing technique

- Use of oral Hygiene aids.

2. Specific protection →

- Dental Health programme

- Provision of oral aids.

Ⓑ Secondary Level of prevention →

Early diagnosis and prompt treatment →

- Periodic screening and referral

- Provision of dental services.

Ⓒ Tertiary Level of prevention →

- Disability Limitation →

Provision of dental services

- Rehabilitation →

Provision of dental services.

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OHI-S Index

Name- sachin Patil; Age- 24 yrs; Sex- male; Date- 3/3/2020

Address- Amshe 364, Amshe Fata Tal. valva
Dist Kolhapur.

Oral Hygiene Habits - pt. brushes his teeth once in a day

Adverse Habit - Absent

Intraoral Examination - pit and fissure caries \bar{c} 16, 26, 27, 34, 37, 47

Grossly decayed \bar{c} 46

Root stumps \bar{c} 36

Debris index -

16	11	26
1	1	2
2	1	2
46	31	36

calculus index -

16	11	26
1	0	1
2	2	1
46	31	36

$$DI = \frac{9}{6} = 1.5$$

$$CI = \frac{7}{6} = 1.1$$

DI-s + CI-s score \rightarrow

Good - 0.0 - 0.6

Fair - 0.7 - 1.8

Poor - 1.9 - 3.0

$$OHI-S = DI + CI$$

$$= 1.5 + 1.1$$

$$OHI-S = 2.6$$

OHI-S score \rightarrow

Good - 0.0 - 1.2

Fair - 1.3 - 3.0

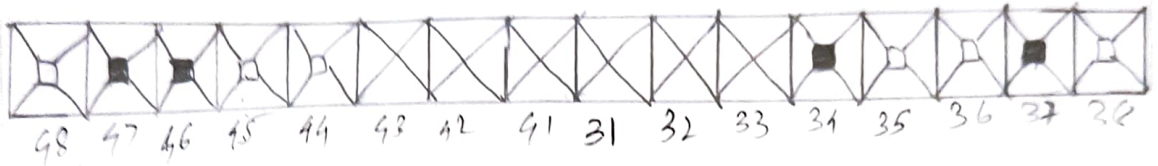
Poor - 3.1 - 6.0

patient's oral Hygiene index is fair

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DMFT / DMFS Index

Name - Sachin Patil



■ - Decayed

■ - Missing

■ - Filled

DMFT -

$$D = 7$$

$$M = 0$$

$$F = 0$$

$$DMFT = 7$$

DMFS -

$$DS = 7$$

$$MS = 0$$

$$FS = 0$$

$$DMFS = 7$$

Total. 7 surfaces are decayed

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General Information -

- Name - Mrs. Amina Shahidvan
- Age - 27yrs
- Sex - Female
- Occupation - Housewife
- Income - 27,000/month
- Literacy level - 12th pass
- Socioeconomic status - Lower middle class
- Place of birth - Kolhapur
- Residency since 12 yrs of age - Yelur, Tal Valva, Sangli
- Address - Behind Yelur Highschool, Vidyanagar, Yelur.

Chief Complaint →

Pt. complains of missing teeth in upper left back tooth region since 1 1/2 yrs.

History of Present Illness →

Pt. was apparently alright 1 1/2 yrs back, then she noticed missing teeth in maxillary left back tooth region

Past Medical History →

Pt. was operated for varicose veins 3 months back without any complication. No current treatment is going on.

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Past Dental History -

pt had undergone extraction of 26 & 1/2 year back under LA without any complications as the involved teeth were grossly decayed.

Family History - No relevant history

Personal History - marital status - married No. of siblings - 2

Personal Habits ->

(A) Oral Hygiene Habits ->

Agent - soft bristled toothbrush and toothpaste

Frequency - 2 times a day

Type of brushing method - scrub method.

Frequency of changing brush - 5 months.

Reason for changing -> Flaming of bristles

Other oral Hygiene aids -> NO.

(B) Parafunctional Habits ->

Mouth breathing - Absent

Lip biting - Absent

Tongue thrusting - Absent

Thumb sucking - Absent

Nail biting - Absent

(C) Adverse Habits ->

a) tobacco consumption -> Absent

b) Pan chewing -> Absent

c) Alcoholism -> Absent

d) Any other -> Absent

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Dietary Habits → mixed Diet

Diet chart:

sr. no.	Time	Food / drink	Form of sugar	sugar score
1)	7:00 Am	one cup of tea + 2 tbps sugar	Liquid	5
2)	12:00 pm	Lunch - one chapati, Bhaji; 1 bowl rice and dal	-	-
3)	5:00 pm	Farsan	-	-
4)	8:30 pm	one chapati, Bhaji 1 bowl rice and dal.	-	-
Total →				5

sweet score [Nisel and papas] = 5 [Excellent]

Frequency of sugar consumption →

At meal sugar exposure [AmSE] = 0

Between meal sugar exposure [BmSE] = 5

Total sugar exposure = 5 [Excellent]

General Examination →

a) Built - mesomorphic

b) Gait - Normal

c) Posture - Erect

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vital signs -

Temperature - Afebrile on touch

Blood pressure - Not recorded

pulse - 80 Beats/min

Respiratory Rate - 18 cycles/min.

Extraoral Examination →

Facial symmetry - Bilaterally symmetrical

Lymph nodes - Non-palpable; Non-tender

TMJ - No clicking and popping sound detected

Lips - competent

Intraoral Examination →

(A) soft tissue examination →

mucosa - No abnormality detected

vestibule - No abnormality detected

Hard palate - No abnormality detected

soft palate - No abnormality detected

oropharynx - No abnormality detected

Tongue - No abnormality detected.

Floor of mouth - No abnormality detected.

Salivary gland opening - No abnormality detected.

Any other findings - No abnormality detected.

Gingiva →

colour → coral pink with melanin pigmentation

shape → Anterior - pyramidal; posterior - tent shaped

contour → scalloped gingival margin

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consistency - Gen firm and resilient

Position - At CEJ

Bleeding on probing - Absent

Texture - stippling present

Periodontium →

pocket - Absent

Loss of attachment - Absent

ⓑ Hard tissue Examination →

- Teeth present -

7	6	5	4	3	2	1		1	2	3	4	5	7	
7	6	5	4	3	2	1		1	2	3	4	5	6	7

- Teeth Decayed - proximal caries E 15, 16, 25

pit and fissure caries E 17, 36, 37, 47

- Teeth missing - 26

- Teeth filled - Absent

- Root stumps - Absent

- Hypersensitivity - Absent

- Attrition - Absent

- Abrasion - Absent

- Erosion - Absent

- Fracture - Absent

occlusion → Angle's class - I molar relationship.

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Indices Recorded -

DMFT [1938] - Henry T. Klein; Carole E. Palmer; Knutson J.W.

OHI-S [1964] - John C. Green; Jack ^{Ri} and Vermillion

Provisional Diagnosis -

- False partial anodontia \bar{c} 26
- proximal caries \bar{c} 15, 16, 25
- Pit and fissure caries \bar{c} 16, 37, 47

Investigation -

No investigations are advised.

Final Diagnosis -

- false partial anodontia \bar{c} 26
- proximal caries \bar{c} 15, 16, 25
- Pit and fissure caries \bar{c} 16, 37, 47.

Comprehensive Treatment Plan \rightarrow

A) Emergency phase \rightarrow Not required

B) Preventive phase \rightarrow Oral prophylaxis
Patient education

C) Curative phase \rightarrow Restoration \bar{c} 15, 16, 47; 37; 25 using
GIC / Amalgam / composite

D) Rehabilitation phase \rightarrow prosthesis **Dr. Harish Kulkarni M.D.S**
Principal/implant

E) maintenance phase \rightarrow patient is recalled **T. K. D. C. & Research Centre**
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at **month** to visit
dental office.

At professional Level →

Ⓐ Primary Level of prevention →

1. Health promotion -

- patient education
- Diet counselling
- Recall reinforcement

2. Specific protection -

- Oral prophylaxis
- Caries activity test

Ⓑ Secondary Level of prevention →

- Early Diagnosis and prompt treatment →

- complete examination
- prompt treatment of incipient lesion

- Preventive Resin restoration \bar{E} 16, 37, 47 using GIC/compomer

Ⓒ Tertiary Level of prevention →

1) Disability Limitation →

Restoration \bar{E} 15, 16, 25 using GIC/amalgam/composite

2) Rehabilitation →

Prosthesis \bar{E} 26 using FPD/implant

At individual Level →

Ⓐ Primary Level of prevention →

1. Health promotion -

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- Diet planning
- Demand for preventive services
- Periodic visits to dental office

2) Specific protection -

- Ingestion of fluoridated water
- Use of dental floss
- chlorhexidine mouth wash
- Fluoridated toothpaste

(B) Secondary Level of prevention →

Early diagnosis and prompt treatment

- Self examination
- Utilization of dental services

(C) Tertiary Level of prevention →

1. Disability limitation → Utilization of dental services
2. Rehabilitation → Utilization of dental services,

At community level →

(A) primary Level of prevention →

1. Health promotion → Dental health education programme .

- Demonstration of proper brushing technique
- use of oral hygiene aids.

2. specific protection →

- Dental Health programme

- Provision of oral aids.

(B) secondary Level of prevention.

- Periodic screening and referral; Provision of dental services

(C) Tertiary Level of prevention →

- Disability limitation → Provision of dental services

- Rehabilitation → Provision of dental services

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OHI-S Index

Name - Amina Shahidivan Age - 27 years

sex - Female

Address - Behind Yelut High School Tal. Valva,
Vidyanagar Dist. Kolhapur

Oral Hygiene habits - pt. cleans her teeth twice in
a day with toothbrush and toothpaste

Adverse Habits - Absent

Intraoral Examination - proximal caries \bar{c} 15 (MO);
16 (DO);
25 (MO)

pit and fissure \bar{c} 16, 36, 37, 47
missing \bar{c} 26

DI \rightarrow

16	11	26
1	2	1
2	1	1
46	31	36

CI \rightarrow

16	11	26
1	2	2
1	1	2
46	31	36

DI-S \rightarrow

$$\frac{8}{6} = 1.3$$

DI-S & CI-S score \rightarrow

Good - 0.0 - 0.6

Fair - 0.7 - 1.8

Poor - 1.9 - 3.0

CI-S \rightarrow

$$\frac{9}{6} = 1.5$$

$$\begin{aligned} \text{OHI-S} &= \text{DI-S} + \text{CI-S} \\ &= 1.3 + 1.5 \end{aligned}$$

$$\text{OHI-S} = 2.8$$

OHI-S score \rightarrow

Good - 0.0 - 1.2

Fair - 1.3 - 3.0

Poor - 3.1 - 6

patient's oral

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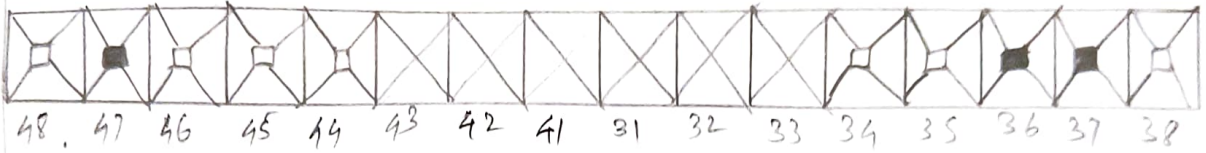
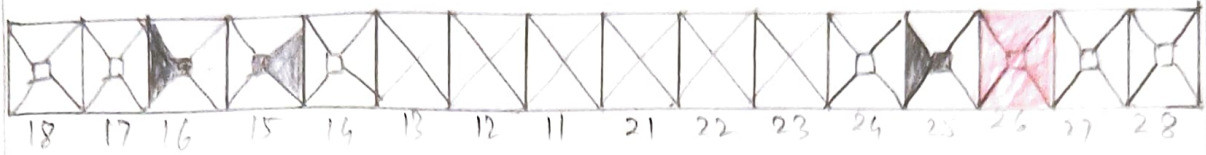
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Hygiene Index is Fair.

DMFT/DMFS Index

Name : Amina Shahidvan



- - Decayed
- - Missing
- filled

DMFT →

$$D = 6$$

$$M = 1$$

$$F = 0$$

$$DMFT = 7$$

DMFS →

$$DS = 9$$

$$MS = 5$$

$$FS = 0$$

$$DMFS = 14$$

Total 9 surfaces are decayed
5 surfaces are missing.


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General Information →

Name - Ashraf Mulla

Age - 21 years

Sex - Male

Occupation - student

Income - Nil

Literacy level - Graduate

Socioeconomic status - Middle higher class

Place of birth - Kolhapur

Residency since 12 yrs. of age - Jawahar nagar, Kolhapur

Address - Jawahar nagar, Kolhapur

Chief Complaint →

pt. complains of decayed teeth in both left and right region of front and back tooth region of upper jaw.

History of present Illness →

pt. was apparently alright 2 yrs ago, then he started complaining about decayed teeth.

Past Medical History →

No relevant history.

Past Dental History →

No relevant history.


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Family History - No relevant history

Personal History -

- marital status - unmarried

- Number of siblings - 1 sister and 1 brother

Personal Habits -

(A) Oral Hygiene Habits ->

- Agent - soft bristled toothbrush and fluoridated toothpaste

- Frequency - two times

- Types of brushing method - scrub method

- Frequency of changing brush - once in a month

- Reason for changing - Flaring of bristles

- Other oral hygiene aids - No

(B) Parafunctional Habits ->

- mouth breathing - Absent

- Lip biting - Absent

- Tongue thrusting - Absent

- Thumb sucking - Absent

- Nail biting - Absent

(C) Adverse Habits ->

(a) Tobacco consumption - Absent

(b) Pan chewing - Absent

(c) Alcoholism - Absent

(d) Any other - Absent

(e) Dietary Habits -> mixed diet

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Diet chart →

Sr. No.	Time	Food / Drink	Form of sugar	Sugar Score
1.	7:30 am	Nashta: idli; poha etc.	-	-
2.	8:00 am	Tea without sugar	-	-
3.	2:30 pm	Lunch; 1 chapati; 1 Bowl rice and dal- bhaji	-	-
4.	9:00 pm	Dinner - 1 chapati, 1 Bowl rice; 1 Rice and Bhaji	-	-

Total → 0

Sweet score [Nisel and Papas] = 0

Frequency of sugar consumption →

1) At meal sugar exposure = 0

2) Between meal sugar exposure = 0

Total sugar exposure = 0 [Good]

General Examination →

- Built - mesomorphic

- Gait - Normal

- Posture - Erect

vital signs →

- Temperature - Afebrile on touch

- Blood pressure - Not recorded

- Pulse - 75 beats/min

- Respiratory Rate - 17 cycles/min

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Extraoral Examination →

- Facial symmetry - Bilaterally symmetrical
- Lymph nodes - Not palpable; non-tender
- TMJ - No abnormality detected
- Lips - competent.

Intraoral Examination →

(A) soft tissue examination →

- mouth → No abnormality detected.
- vestibule - No abnormality detected
- Hard palate - No abnormality detected
- Soft palate - No abnormality detected
- oropharynx - No abnormality detected
- Tongue - No abnormality detected
- Floor of mouth - No abnormality detected
- salivary gland opening - No abnormality detected
- Any other finding - No abnormality detected.

Gingiva →

- colour - coral pink & melanin pigmentation.
- shape - Anterior pyramidal; posterior - tent shaped.
- contour - scalloped at gingival margin
- consistency - Firm and resilient
- Position - At CEJ
- Bleeding on probing - Absent
- Texture - stippling present


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Periodontium →

pocket - Absent

loss of attachment - Absent

(B) Hard tissue Examination →

Teeth present →

7	6	5	4	3	2	1		1	2	3	4	5	6	7
8	7	6	5	4	3	2		1	2	3	4	5	6	7

Teeth decayed → Deep proximal caries \bar{c} 15; 26

pit and fissure caries \bar{c} 36, 37, 46, 47

Teeth missing - -

Teeth filled - -

Root stumps - -

Hypersensitivity - -

Attrition - -

Abrasion - -

Erosion - -

Fracture - -

Occlusion → Angle's class-I molar relationship.

Indices Recorded →

OHI-S [1964] - John G. Green; Jack R. Vermillion

DMFT [1938] - Carlisle E. Palmer; Henry T. Klein
Knutson J.W.

Provisional Diagnosis →

chronic reversible pulpitis \bar{c} 15, 26

pit and fissure caries \bar{c} 36, 37, 46, 47

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Investigations Required →

IOPA \bar{c} 15, 26

Final Diagnosis →

chronic reversible pulpitis \bar{c} 15, 26

pit and fissure caries \bar{c} 36, 37, 46, 47

Comprehensive Treatment Plan →

(A) Emergency phase →

Not required.

(B) Preventive phase →

- patient education ; Diet counselling

- oral prophylaxis - scaling

- Oral Hygiene instructions

(C) Curative phase →

Restoration \bar{c} 15, 26, 36, 37, 46, 47 using Amalgam,
GIC/composite

(D) Rehabilitation phase →

Not required.

(E) Maintenance phase → patient is recalled after 3 months
to visit dental office.

Treatment Plan →

At Professional Level →

(A) Primary Level of prevention →

1. Health promotion →

- patient education

- Diet counselling

- Recall

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⇒ Specific Protection -

- oral prophylaxis
- caries activity test.

② Secondary Level of prevention →

Early diagnosis and prompt treatment →

- complete examination
- Prompt treatment of incipient lesion
- PRR \bar{c} 36, 37, 46, 47 using GIC/composer.

③ Tertiary Level of prevention →

1. Disability limitation →

Restoration \bar{c} 15, 26 using GIC/composite/Amalgam

2. Rehabilitation →

Not required.

At individual level →

① Primary Level of prevention →

1. Health promotion -

- Diet planning
- Demand for preventive services
- Periodic visits to dental services

2. Specific protection →

- Ingestion of fluoridated water
- use of dental floss
- chlorhexidine mouthwash
- Fluoridated toothpaste

② Secondary Level of prevention →

Early diagnosis and prompt treatment →

- Self examination
- Utilization of dental services

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③ Tertiary Level of prevention →

1. Disability limitation → utilization of dental services
2. Rehabilitation → Utilization of dental services

At community Level →

① Primary Level of prevention -

1. Health promotion - Dental health education programme
 - Demonstration of proper brushing technique
 - Use of oral hygiene aids.
2. Specific protection -
 - Dental Health programme
 - Provision of Hygiene aids

② Secondary level of prevention -

- Early diagnosis and prompt treatment -
- Periodic screening and referral.
- provision of dental services.

③ Tertiary level of prevention -

- Disability limitation - provision of dental services
- Rehabilitation →
provision of dental services.


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OHI-S Index

Name - Ashraf Mulla Age - 21 yrs Sex - Male
 Address - Jawahar Nagar, Tal. Hatkanangle Dist. Kolhapur

Oral Hygiene Habits - pt cleans his teeth twice a day using toothbrush and toothpaste

Adverse Habit - Absent

Intraoral Examination - Deep proximal caries 15, 25
 pit and fissure caries 35, 37, 45, 47

Debris Index

16	11	26
↓	↓	↓
↓	↓	↓
46	31	36

$$DI = \frac{6}{6} = 1$$

score →

Good - 0.0 - 0.6

Fair - 0.7 - 1.2

Poor - 1.3 - 3.0

$$OHI-S = DI + CI$$

$$= 1 + 0.5$$

$$OHI-S = 1.5$$

Calculus Index

16	11	26
0	0	↓
↓	0	↓
46	31	36

$$CI = \frac{3}{6} = 0.5$$

OHI-S score →

Good - 0.0 - 1.2

Fair - 1.3 - 3.0

Poor - 3.1 - 6.0

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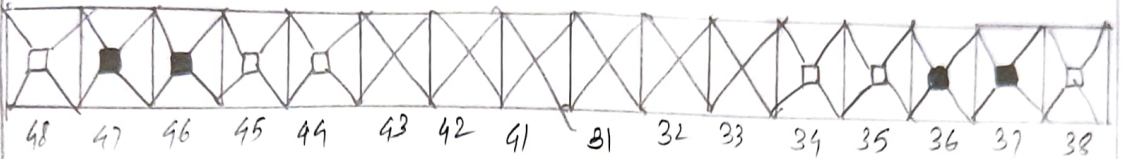
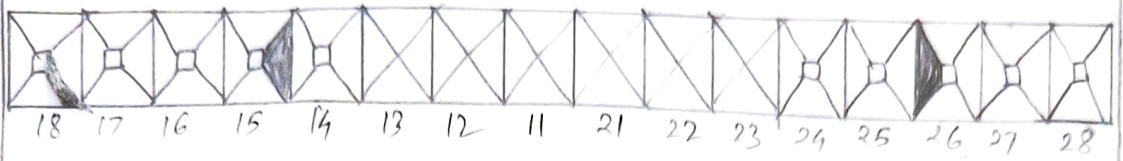
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Oral Hygiene status is Fair.

DMFT / DMFS Index

Name : Ashraf Mulla



- - Decayed
- - Missing
- - Filled

DMFT -

$D = 6$

$M = 0$

$F = 1$

$DMFT = 6 + 1 = 7$

DMFS -

$DS = 6$

$MS = 0$

$FS = 1$

$DMFS = 7$

Total caries experience of patient is 7 teeth and 7 surfaces.

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General Information

- Name - Yogita Kishor Dukandar
- Age - 48 yrs
- Sex - Female
- Occupation - Housewife
- Literacy level - B. Com
- Socioeconomic status - Middle class
- Address - A/P New Pargaon, Dist. Kolhapur
- Place of birth - Pune

Chief Complaint →

Pt. clo missing teeth in upper right back teeth region since 3 yrs.

History of Present Illness →

Pt. experienced difficulty in mastication

Past Medical History →

Pt. is a known case of hypertension and is on medication for same.

Past Dental History →

Pt. has undergone extraction in upper right back teeth region since 3 yrs ago under LA without any complication.

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Family History →

No relevant history

Personal History →

- Marital status - Married
- Number of siblings - 2

Personal Habits →

- Agent - Toothpaste and toothbrush
- Frequency of changing - 3mths.
- Type of brushing method - Horizontal scrub
- Frequency - once a day

Parafunctional habits →
Absent

Adverse Habits →

Absent

Dietary Habits →

Vegetarian

Diet chart →

Sr. No.	Time	Food/Drink	Form of Sugar	Sugar Score
1.	8.am	Poha, Tea	liquid	5
2.	11.am	Chapati, Bhaji, Rice	-	-
3.	4.00pm	Almonds	-	-
4.	8.00pm	Chapati, Bhaji, Rice	-	-
			Total →	5

Sweet score (Nisel and Paps) = 5 [Good]

± General Examination →

Built - Average

Gait - Normal

Posture - Erect

Vital Signs →

Temperature - Afebrile

Blood pressure - -

Pulse - 72 beats/min

Respiratory rate - 14 cycles/min


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Extraoral Examination →

Facial symmetry - Symmetrical

Lymph nodes - No abnormality detected

ENTJ - No abnormality detected

Lips - No abnormality detected

Intraoral Examination →

(A) Soft-tissue -

Mucosa - Normal

Vestibule - Normal

Hard palate - Normal

Soft palate - Normal

Tongue - Normal

Floor of mouth - Normal

Salivary gland opening - Normal

Gingiva →

Colour - Pale pink

Size and shape - Anteriorly - pyramidal,
Posteriorly - Tent shaped

Contour - scalloped

Consistency - soft and edematous

Position - At CEJ

Bleeding and probing - Present

Texture - stippling present

Periodontium →

Pocket - Absent

Loss of attachment - Absent

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Ⓐ Hard-tissue -

Teeth present

8	7	6	5	3	2	1	1	2	3	4	5	6	7	8	
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Teeth missing - 14

Decayed teeth - Proximal caries \bar{c} 15

Smooth surface caries \bar{c} 47

Pit and fissure caries \bar{c} 36, 46

Occlusion - Angle's Class I molar relationship

Provisional Diagnosis \rightarrow

False partial anodontia \bar{c} 14

Dental caries \bar{c} 15, 36, 46

Chronic generalised gingivitis

Investigations required \rightarrow

Final Diagnosis \rightarrow

False partial anodontia \bar{c} 14

Dental caries \bar{c} 15, 36, 46

Chronic generalised gingivitis


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Comprehensive Treatment →

(A) Emergency phase →

(B) Preventive phase →

- oral prophylaxis
- diet counselling
- proper brushing technique

(C) Curative phase →

- restoration = 15, 36, 46

(D) Rehabilitative phase →

- replacement of teeth = 14

(E) Maintenance phase →

- pt. is recalled after 6 mths. for assessing oral hygiene

Treatment Plan →

At professional level →

(A) Primary Level of Prevention →

1. Health promotion -

- diet counselling
- proper brushing technique

2. Specific protection -

- CHX mouthwash

Ⓐ Secondary Level Prevention →

Disability Limitation -

- restoration @ 15, 38, 40
- oral prophylaxis

Ⓑ Tertiary Level Prevention →

1. Disability Limitation -

- -

2. Rehabilitation -

- replacement of tooth @ 14

At Individual Level →

Ⓐ Primary Level of Prevention →

1. Health promotion

- diet planning

2. Specific protection

- oral hygiene maintenance

Ⓑ Secondary Level of Prevention →

Early diagnosis and adequate treatment

- periodic visits to dental office

- utilisation of dental services

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① Tertiary Treatment Plan →

1. Disability Limitation -

- utilisation of dental services

2. Rehabilitation

- utilisation of dental services


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OHI - S Index

Name. Mrs. Yagita Dukandar

Debris Index

16	11	26
1	0	1
1	0	1
46	31	36

$$DI-S = \frac{4}{6} = 0.6$$

→ Fair

Calculus Index

16	11	26
1	0	1
1	0	1
46	31	36

$$CI-S = \frac{4}{6} = 0.6$$

→ Good


$$OHI-S = DI-S + CI-S$$

$$= 0.6 + 0.6$$

$$= 1.2$$

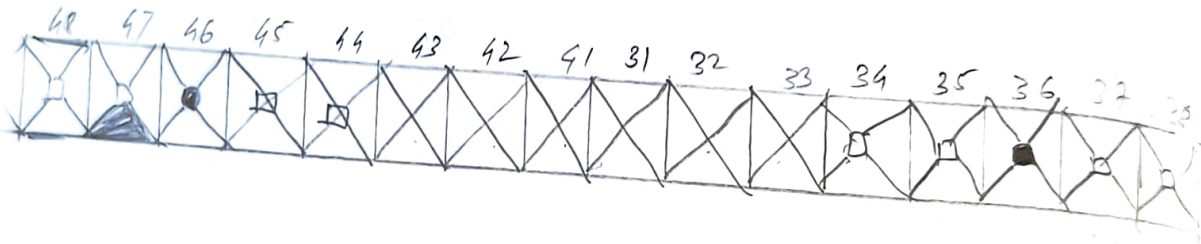
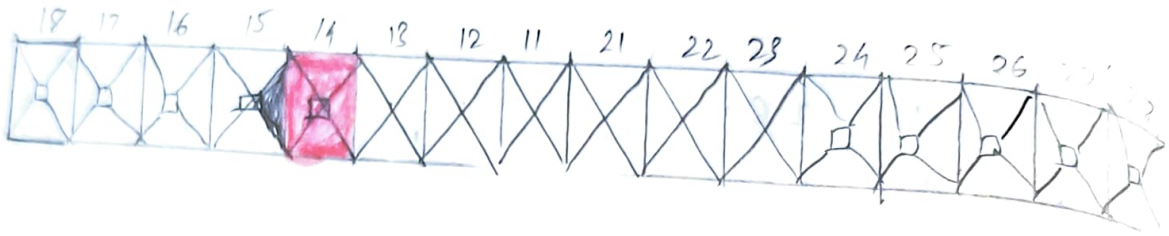
→ Good

Pt's OHI-S score is good.


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DMFT Index

Name - Mrs. Yogita Dukandur



- - Decayed
- - Missing
- - Filled

DMFT:

$$\begin{array}{r} D = 4 \\ M = 1 \\ F = 0 \\ \hline 5 \end{array}$$

DMFS:

$$\begin{array}{r} D = 4 \\ MS = 5 \\ FS = 0 \\ \hline 9 \end{array}$$

Pt.s caries experience is 5 teeth and 9 surfaces

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