

DENTISTRY @ MARKETHILL

...ENJOY YOUR SMILE

WELLBEING EXAMINATION

NAME

DATE

EXAMINATION CHECK POINTS	CHECK DONE	TREATMENT ADVISED Tick = yes X = None
External Oral Health - inc. facial muscles, TMJ/joint check, glands		
Soft Tissues Health - inc. cheek, tongue, roof & floor of mouth, visual oral cancer screening		
Gum Health		
Occlusion Health (your bite) - stability, wear, crossbites, interference		
Signs of Decay and/or Infection		
Current Restorations - inc. crowns, bridges, dental implants, dentures		
Health of Current Fillings		
Current Tooth Shade		
Current Alignment of Teeth		
Sleep Related Issues - Snoring/Tiredness during the day		

IMAGES	YES/NO
Photographic records	
Radiographs/Scans	

NEXT DENTIST EXAMINATION DUE

NEXT HYGIENE APPOINTMENT DUE

DATE

DENTIST SIGNATURE

OTHER CONSIDERATIONS

DENTISTRY @ MARKETHILL

FAMILY, ORTHODONTIC AND COSMETIC CARE

SnoringSolutionsNI

ADJUSTABLE PRECISION SNORING APPLIANCES

www.dentistrymarkethill.com