

Department of Preventive Dental Sciences  
DIVISION OF PERIODONTICS

**411 PDS**  
**Evaluation Form**

Patient's Name: \_\_\_\_\_ Patient's File No: \_\_\_\_\_

Case Diagnosis:

Severity of local factor: slight - moderate - severe

Extent of local factor: localized - generalized

Faculty Signature: \_\_\_\_\_

PROCEDURE	GRADE	FACULTY SIGNATURE
• Part I – Initial Examination 1. Chief complaint, oral history, medical history 2. Examination, intra & extra-oral examination		
• Part II- Clinical Examination 1. Periodontal Charting 2. Radiographic interpretation 3. Systemic & oral diagnosis		
• Part III - Treatment Plan 1. Motivation, OHI, Periodontal treatment plan 2. Other dental treatment specialties needed 3. Initial surgical treatment plan 4. Specific & general prognosis		
• Part IV - Therapy 1. Motivation and oral hygiene performance 2. Gross Scaling & polishing 3. Scaling and root planning a. Quadrant I b. Quadrant II c. Quadrant III d. Quadrant IV 4. Availability of the charting and x-ray 5. Cleanness and instrument sharpening 6. Attitude 7. Professionalism 8. Organization 9. Surgical Procedure ▪ Quadrant ▪ Teeth		
• Part V – Re-evaluation 1. Plaque, bleeding indices and re-evaluation findings 2. Definitive treatment plan		
• Part VI – Recall & maintenance		

Faculty Signature: \_\_\_\_\_

**TOTAL GRADE:**

**TOTAL POINTS:**