Mark Howdle
SPECIALIST IN PERIODONTICS

markhowdle.com
info@markhowdle.com

BDS, DGDP(UK), MDentSci (Rest. Dent.), MFDS RCS (Edin)

PERIODONTAL CONSULTATION AND ASSESSMENT

PATIENT INFORMATION

Name
Address
Post Code
Referred by

Date
D.O.B.
Home Phone
Work Phone
Mobile

PATIENT C/O

RELEVANT MEDICAL HISTORY

Smoking ○ Yes ○ No
Diabetes ○ Yes ○ No
Regular attendee ○ Yes ○ No

Consumption /day
Sees Hygienist ○ Yes ○ No

TMJ R L
Gape

Smile Line ○ High ○ Average ○ Low
Buccal Corridors

Family History of Periodontal Disease ○ Yes ○ No
Oral Hygiene ○ Adequate ○ Inadequate

Soft Tissue Scan ○ Yes ○ No
BPE

*Code 4 requires Full Perio Assessment

Biotype ○ Thick ○ Thin

Scallop ○ High ○ Low
Diagnosis

OCCLUSION

○ Vh ○ Hv

Skeletal Class ○ I ○ IId1 ○ IId2 ○ III
RCP

Incisor Relationship ○ I ○ II ○ III
Teeth in cross bite

GUIDANCE

Left Excursion
Right Excursion
Protrusive

PREMATURE CONTACTS

Non-working side contacts ○ Yes ○ No

EVIDENCE OF BRUXISM ○ Yes ○ No
TSL

NOTES

RADIOGRAPHICS REPORT; CARIES/ENDO/PERIO

OPG

BW

PA

INITIAL PERIODONTAL THERAPY

Date

OH Instruction Required	TBI	Interprox	Tongue
Halitosis	Yes	No	Fresh Breath Treatment
Periostat	3 Month Course	9 Month Course	
Adjuncts	Atridox	Elyzol	
Systemic Abs	Doxicycline	Amoxicillin	Metronidazole

Teeth Recommended for RSI

CORRECTIVE PERIODONTAL THERAPY

Date

Tooth Extractions

Flap Surgery (Replacement/Resective)

Emdogain/GTR

SUPPORTIVE PERIODONTAL THERAPY

Date

Hygienist Maintenance 1/12 2/12 3/12 4/12 6/12

Proposed Treatment Plan

1.

2.

3.

4.

5.

6.