

Dental Charting

Name: _____

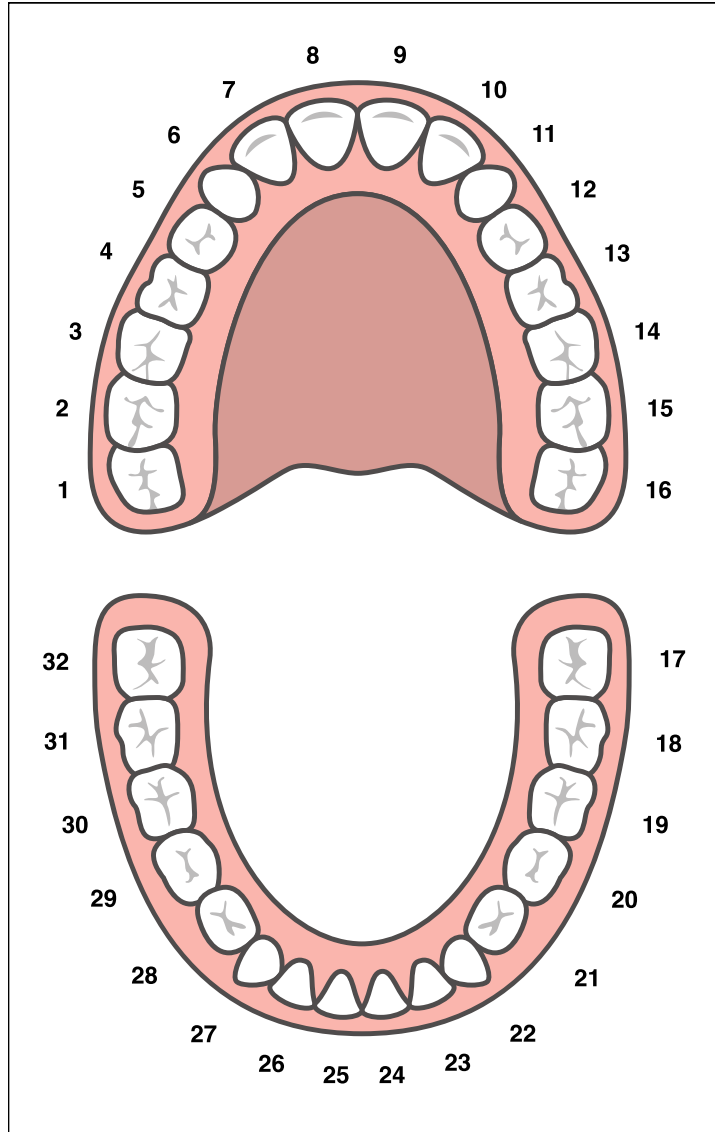
Date of birth: _____

Contact information: _____

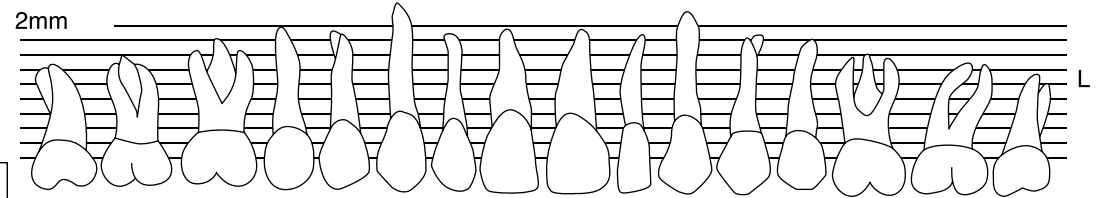
Gender: _____

Patient number: _____

Date of appointment: _____

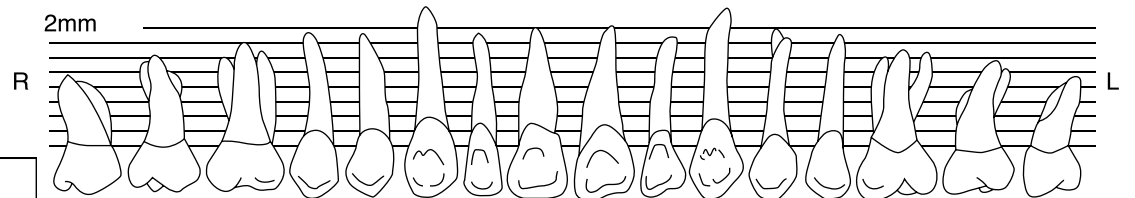


Buccal



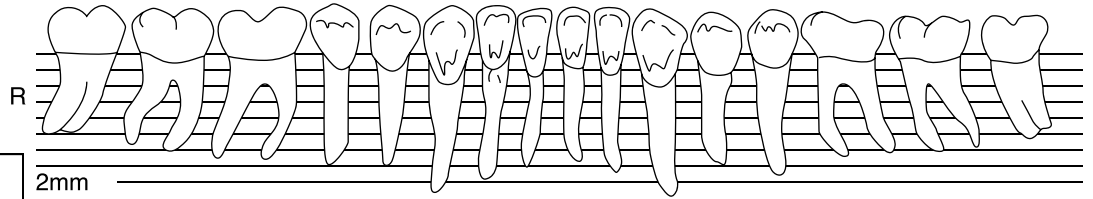
	Date																	
Recession																		
Pocket depth																		
Mobility																		

Palatal



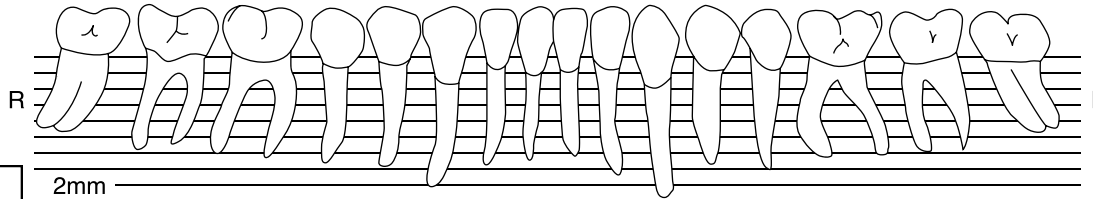
	Date																	
Recession																		
Pocket depth																		

Lingual



	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Recession																
Pocket depth																

Buccal



	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Recession																
Pocket depth																
Mobility																

Additional notes

National Examining Board for Dental Nurses (2015). *Dental charting*. <https://www.nebdn.org/app/uploads/2019/05/NEBDN-Dental-Charting-Book-October-18.pdf>

<https://www.carepatron.com/>

Date	Tooth number	Condition / treatment needed

Dentist's name: _____

Signature: _____

License number: _____

Date: _____