## Periodontal Chart Form

## Last Name:

Date of Birth:

## Dentist / Hygienist:

OInitial Exam

First Name:
Date of Examination:

## Periodontal Examination

## Instructions:

Measure and record the following parameters for each tooth. Use a periodontal probe to measure pocket depths, recession, and other relevant indicators. Mark the presence of bleeding on probing (BOP), plaque accumulation, and tooth mobility as observed.

## Charting Key

- PD: Pocket Depth (in mm)
- REC: Gingival Recession (in mm)
- CAL: Clinical Attachment Level (in mm)
- BOP: Bleeding on Probing (Yes/No)
- Plaque: Plaque Presence (Yes/No)
- Mobility: Tooth Mobility (Grade 0-III)
- Furcation: Furcation Involvement (Grade 0-III)


## Teeth Numbers

Use the Universal Numbering System (1-32 for adults, A-T for children's primary teeth).

Fill out the chart for all teeth, including missing teeth (mark as "MT") and implants (mark as "IM")

| Tooth \# | PD (mm) | REC (mm) | CAL (mm) | BOP | Plaque | Mobility | Furcation |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |


| Tooth \# | PD (mm) | REC (mm) | CAL (mm) | BOP | Plaque | Mobility | Furcation |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |


| Tooth \# | PD (mm) | REC (mm) | CAL (mm) | BOP | Plaque | Mobility | Furcation |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 27 |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |  |
| 32 |  |  |  |  |  |  |  |

## Additional Observations

General Oral Hygiene:
OGood
〇Fair
Opoor

Gum Health:
OHealthy
Gingivitis
Periodontitis

## Notes

## Treatment Plan

Immediate Needs:

Long-Term Recommendations:

## Next Appointment

Date:
Time:
Purpose:

