ภาคผนวก 1

ตัวอย่างการบันทึกข้อมูลการตรวจ
โดยใช้แบบบันทึกของภาควิชาทันตกรรมครอบครัวและชุมชน
คณะทันตแพทยศาสตร์ มหาวิทยาลัยเชียงใหม่

Department of General Dentistry

Faculty of Dentistry, Chiang Mai University

Hospital number *4901996* **Comprehensive clinic number** *ส 241-14*

Name *นายเกรียงชัย สวยงาม* **Age** *30* **sex** ☑ **Male** ☐ **Female**

Status ☑ **S** ☐ **M** ☐ **D** ☐ **W** **Occupation** _____ ***D*ate of Birth** *8 ต.ค. 2519*

Address *20 ถ.แม่โจ้ ต.สันทรายน้อย อ.สันทราย เชียงใหม่* **Zip code** *50200*

Home phone *712700* **Bussiness phone** - **Date** *21 พ.ค 2549*

Chief complaint: *ฟันหน้าบนและล่างหลุดจากอุบัติเหตุ ต้องการใส่ฟันทดแทน*

Medical History

Yes	*No*	
☐	☑	**Liver disease , Jaundice;** ……
☐	☑	**Heart disease ;** …….……
☐	☑	**Blood disease ;** …….
☐	☑	**Kidney disease ;** ……..
☐	☑	**Diabetes mellitus ;** ……...
☑	☐	**Facial injury ;..** *เคยถูกรถชนเมื่ออายุ 17 ปี มีรอยแผลเป็นที่ริมฝีปากบน เคยผ่าตัดสมอง…*
☐	☑	**Allergy…..** ……..
☐	☑	**Drug sensitivity**

;…….

☑	☐	**Talking medicine ;**……*Dilantin*……
☑	☐	**Others ;** .*โรคลมชัก*……

Present illness: ……*ชักครั้งสุดท้ายเมื่อ1 สัปดาห์ที่แล้ว แต่ไม่รุนแรง พบแพทย์ที่ ร.พ. จุฬาฯเป็นประจำ*.....

Dental History

Frequency of dental visit: *เมื่อมีปัญหา*

Past dental work :

☑ **Restoration**	☐ **Extraction**
☑ **Prosthetic treatment**	☑ **Periodontal treatment**
☐ **Endodontic treatment**	☐ **Others :**

Oral lesions **:……...……-…….**

Clinical examination

TMJ examination

TMJ: ☑ Click; *L* ☐ Pain: ☐ Deviation; ☐ Crepitation;

☐ Dislocation: ☐Other: ……

Calculus: ☑ Slightly ☐ Moderate ☐ Heavy

Halitosis: ☑ No ☐ Yes

Oral mucosa: ☑ WNL ☐ Abnormal finding:……..

High muscle attachment: ☑No ☐ Yes; ……..…….....

Abscess: ☑No ☐ Yes; location & description……..

Tooth form: ☑Taper ☐ Ovoid ☐ Square

Occlusion: *Class I molar relationship*

Malposed teeth: ☐No ☑ Yes; *23 rotations*

Occlusal trauma: ☑No ☐ Yes; ……..

Attrition / Erosion: ☑ No ☐Yes; ……..……...

Sensitivity: ☑ No ☐Yes; due to …….

Food impaction: ☑ No ☐Yes; ……..

Defective restoration: ☑ **No** ☐**Yes**; ……. ……..……

Improper prosthesis: ☑ **No** ☐**Yes**; **…**…….

Torus / Exostosis: ☑ **No** ☐**Yes;** ……. ……..

Oral hygiene: ☐ Good ☑Fair ☐ Poor

- Brush type: *ด้ามตรง / ขนอ่อน* ← Dentifrice: *Sensodyne* ← Technique: *roll*
- Frequency: *1-2 ครั้ง / วัน* ← Oral hygiene aids: *dental floss, ไม้จิ้มฟัน*

Oral habits: ☐ Clenching ☐ Grinding ☐ Bruxism ☐ Lip biting ☐ Cheek biting

☐ Tongue thrusting ☐ Mouth breathing ☐ Tooth picking

Additional comments:

- *21,22,31,32 edentulous ridge ฟันหายไปจากอุบัติเหตุล้มเมื่อ 5 ปีก่อน (พ.ศ.2544) และทำฟันปลอม RPD ซี่ 21,22 และ RPD ซี่ 31,32 ใส่มาประมาณ 3 เดือน และปัจจุบันไม่ได้ใส่ ทำให้ฟันปลอมใส่ไม่ได้แล้ว*
- *15(D),16(M),25(D),26(M),35(D),36(M),45(D),46(M) มีการกรอฟันเพื่อทำ rest ของ RPD ที่ใหญ่ และมีรอยผุฟัน ยกเว้น 15,45*
- *41 ฟันหักทะลุโพรงฟัน โยกระดับ 1 เคาะไม่เจ็บ ไม่ตอบสนองต่อ EPT*
- *42 ฟันหักไม่ทะลุโพรงฟัน โยกระดับ 1เคาะไม่เจ็บ ตอบสนองต่อ EPT +30(control ที่ซี่43=+20)*
- *สภาพเหงือกโดยทั่วไป พบมีเหงือกร่นบริเวณ 41 ด้าน buccal 2 mm. และมีเหงือกบวมแดงมี plaque และหินปูนบริเวณฟันหลัง PI=54,BP=24.10%*

Radiographic findings:

Technique	Teeth	Interpretation
Pa parallel	*11*	M,D caries involve dentin, C:R = 1:15
	41	*พบเงาดำบริเวณปลายรากฟันขนาด 3 มม. ไม่พบ lamina dura และมี external root resorption บริเวณ apical 1/3 ด้าน mesial และมี horizontal bone loss ระดับ 1/3 ของรากฟัน C:R =1:1*
	42	*พบ widening PDL space บริเวณปลายรากฟัน พบมี horizontal bone loss ระดับ cervical 1/3*
Bite-wing	*16-18,46-48*	*16(D), 46(D), 47(M) enamel caries, 46(M) dentin caries*
	14,15,44,45	*ไม่พบ proximal caries*
	26-28,36-38	*25(D) enamel caries ,26(D) enamel caries,36(D) dentin caries*
OPG	*18,28,38,48*	*Normal eruption and closed apex*

Full mouth diagnosis:

- *21,22,31,32 Edentulous ridges*
- *11(M,D), 16(L), 17(O), 26(O,L), 27(O), 36(O,B), 37(O,B), 46(O,B), 47(O,B) Dental caries*
- *23 Malposed tooth (Disto-lingual rotation)*
- *41 Pulp necrosis with chronic apical periodontitis and external root resorption.*
- *42 Uncomplicated crown fracture with normal pulp*
- *18(O), 28, 38(O), 48(O) partial eruption tooth with dental caries except 28*
- *Gingivitis associated with dental plaque with localized slight chronic periodontitis on 41*

Patient attitude : ☑ Good ☐ Favorable ☐ Fair ☐ Poor

Prognosis : ☐ Good ☑ Fair ☐ Questionable ☐ Poor

Remark :…….

……

……

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America's leading advocate for oral health

Caries Risk Assessment Form (Age >6)

Patient Name: Kriangchai Sauygnam			
Birth Date:		Date:	
Age:		Initials:	
	Low Risk	Moderate Risk	High Risk
Contributing Conditions	Check or Circle the conditions that apply		
I. **Fluoride Exposure** (through drinking water, supplements, professional applications, toothpaste)	☒ Yes	☐ No	
II. **Sugary Foods or Drinks** (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes ☐		Frequent or prolonged between meal exposures/day ☒
III. **Caries Experience of Mother, Caregiver and/or other Siblings** (for patients ages 6-14)	No carious lesions in last 24 months ☐	Carious lesions in last 7-23 months ☐	Carious lesions in last 6 months ☐
IV. **Dental Home**: established patient of record, receiving regular dental care in a dental office	☐ Yes	☒ No	
General Health Conditions	Check or Circle the conditions that apply		
I. **Special Health Care Needs** (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	☒ No	Yes (over age 14) ☐	Yes (ages 6-14) ☐
II. **Chemo/Radiation Therapy**	☒ No		☐ Yes
III. **Eating Disorders**	☒ No	☐ Yes	
IV. **Medications that Reduce Salivary Flow**	☒ No	☐ Yes	
V. **Drug/Alcohol Abuse**	☒ No	☐ Yes	
Clinical Conditions	Check or Circle the conditions that apply		
I. **Cavitated or Non-Cavitated** (incipient) **Carious Lesions or Restorations** (visually or radiographically evident)	No new carious lesions or restorations in last 36 months ☐	1 or 2 new carious lesions or restorations in last 36 months ☐	3 or more carious lesions or restorations in last 36 months ☒
II. **Teeth Missing Due to Caries in past 36 months**	☐ No		☒ Yes
III. **Visible Plaque**	☐ No	☒ Yes	
IV. **Unusual Tooth Morphology** that compromises oral hygiene	☐ No	☒ Yes	
V. **Interproximal Restorations - 1 or more**	☐ No	☒ Yes	
VI. **Exposed Root Surfaces** Present	☒ No	☐ Yes	
VII. **Restorations with Overhangs** and/or **Open Margins; Open Contacts** with Food Impaction	☒ No	☐ Yes	
VIII. **Dental/Orthodontic Appliances** (fixed or removable)	☒ No	☐ Yes	
IX. **Severe Dry Mouth (Xerostomia)**	☒ No		☐ Yes

Overall assessment of dental caries risk: ☐ Low ☐ Moderate ☒ High

Patient Instructions:

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Caries Risk Assessment Form (Age >6)

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present.

The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow up patient; or other risk factors not listed may be present.

The assessment cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's health status.

This is a tool provided for the use of ADA members. It is based on the opinion of experts who utilized the most up-to-date scientific information available. The ADA plans to periodically update this tool based on: 1) member feedback regarding its usefulness, and; 2) advances in science. ADA member-users are encouraged to share their opinions regarding this tool with the Council on Dental Practice.

Treatment Plan

1. **Systemic phase** :

Physician consultation : Epilepsy from post-traumatic encephalomalescia สามารถทำฟันได้ แต่ให้ระวังเรื่องอาการชักขณะทำหัตถการ เนื่องจากผู้ป่วยไม่มีอาการชักแบบเกร็ง และมีอาการ เตือน หนาว ขนลุก อาจให้ยากันชักทานตอนเช้าก่อนทำหัตถการ

2. **Urgent phase**: *ไม่มี*

3. **Disease control phase**

3.1 Preventive treatment : *OHI โดย สอนแปรงฟันด้วย Modified Bass' technique สอนการใช้ไหมขัดฟัน ให้home fluoride (0.05% NaF) และ topical fluoride (2%NaF)*

3.2 Periodontal treatment : *Scaling and root planing full mouth*

3.3 Operative treatment : *11(M,D),16(L),17(O),26(O,L),27(O),36(O,B),37(O,B),46(O,B)*

42(MID),46(O,B)47(O,B),L),15(D)16(M),25(D),26(M),35(D)

36(M),45(D),46(M) composite filling

3.4 Endodontic treatment: *41 Root canal treatment*

3.5 Surgical treatment : *18,28,38,48 extraction*

4. **Re-evaluation phase** : *Periodontal status*

41 follow up for healing of periapical lesion

All restorations

5. **Corrective phase**

5.1 Orthodontic treatment : *23 Minor tooth movement by removable orthodontic appliance*

5.2 Prosthodontic treatment: *41 post & core with bridge on 33-41 and*

bridge on 11-23(PFM)

6. **Maintenance phase** : *6- month recall*

Re-evaluate periodontal status

Re-evaluate all restorations and prosthesis

Scaling and root planing

Home fluoride (0.05% NaF)

Topical fluoride (2% NaF)

Posterior bite-wing examination at 1 year schedule (มิ.ย.2550)

Approved by…….Date…….

ภาคผนวก 2

Guidelines for Prescribing Dental Radiograph

ที่มา : ADA. Guideline for prescribing dental radiographs. www.ada.org

From: American Dental Association, U.S. Food & Drug Administration. The Selection of Patients For Dental Radiograph Examinations. Available on www.ada.org

GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS

The recommendations in this chart are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient's health history and completing a clinical examination. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be used whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women.

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	**Child with Transitional Dentition** (after eruption of first permanent tooth)	**Adolescent with Permanent Dentition** (prior to eruption of third molars)	**Adult, Dentate or Partially Edentulous**	**Adult, Edentulous**
New patient* being evaluated for dental diseases and dental development	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
Recall patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6-18 month intervals	Not applicable
Recall patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable

Document created: November 2004

GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS, cont'd.

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	**Child with Transitional Dentition** (after eruption of first permanent tooth)	**Adolescent with Permanent Dentition** (prior to eruption of third molars)	**Adult Dentate and Partially Edentulous**	**Adult Edentulous**
Recall patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.				Not applicable
Patient for monitoring of growth and development	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development. Panoramic or periapical exam to assess developing third molars	Usually not indicated	
Patient with other circumstances including, but not limited to, proposed or existing implants, pathology, restorative/endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring in these circumstances.				

***Clinical situations for which radiographs may be indicated include but are not limited to:**

A. Positive Historical Findings

1. Previous periodontal or endodontic treatment
2. History of pain or trauma
3. Familial history of dental anomalies
4. Postoperative evaluation of healing

5. Remineralization monitoring
6. Presence of implants or evaluation for implant placement

B. Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract ("fistula")
9. Clinically suspected sinus pathology
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical erosion

****Factors increasing risk for caries may include but are not limited to:**

1. High level of caries experience or demineralization
2. History of recurrent caries
3. High titers of cariogenic bacteria
4. Existing restoration(s) of poor quality
5. Poor oral hygiene
6. Inadequate fluoride exposure
7. Prolonged nursing (bottle or breast)
8. Frequent high sucrose content in diet
9. Poor family dental health
10. Developmental or acquired enamel defects

From: American Dental Association, U.S. Food & Drug Administration. The Selection of Patients For Dental Radiograph Examinations. Available on www.ada.org

11. Developmental or acquired disability
12. Xerostomia
13. Genetic abnormality of teeth
14. Many multisurface restorations
15. Chemo/radiation therapy
16. Eating disorders
17. Drug/alcohol abuse
18. Irregular dental care

ภาคผนวก 3

The American Academy of Periodontology;1999

ที่มา : Armitage GC.Development of a classification system for periodontal diseases and conditions. Ann Periodontol 1999; 4(1):1-6

AAE Consensus Conference Recommended Diagnostic Terminology

I. Gingival Diseases

A. Dental plaque-induced gingival diseases *

1. Gingivitis associated with dental plaque only
   a. without other local contributing factors
   b. with local contributing factors (See VIII A)
2. Gingival diseases modified by systemic factors
   a. associated with the endocrine system
      1) puberty-- associated gingivitis
      2) menstrual cycle-associated gingivitis
      3) pregnancy-associated
         a) gingivitis
         b) pyogenic granuloma
      4) diabetes mellitus-- associated gingivitis
   b. associated with blood dyscrasias
      1) leukemia – associated gingivitis
      2) other
3. Gingival diseases modified by medications
   a. drug – influenced gingival diseases
      1) drug-influenced gingival enlargements
      2) drug-influenced gingivitis
         a) oral contraceptive – associated gingivitis
         b) other
4. Gingival diseases modified by malnutrition
   a. ascorbic acid – deficiency gingivitis
   b. other

B. Non-plaque – induced gingival lesions

1. Gingival diseases of specific bacterial origin
   a. Neisseria gonorrhea – associated lesions
   b. Treponema pallidum – associated lesions
   c. streptococcal species – associated lesions
   d. other
2. Gingival diseases of viral origin
   a. herpesvirus infections
      1) primary herpetic gingivostomatitis
      2) recurrent oral herpes
      3) varicella – zoster infections
   b. other
3. Gingival diseases of fungal origin
   a. Candida-species infections
      1) generalized gingival candidosis
   b. linear gingival erythema
   c. histoplasmosis
   d. other
4. Gingival lesions of genetic origin
   a. hereditary gingival fibromatosis
   b. other
5. Gingival manifestations of systemic conditions
   a. mucocutaneous disorders
      1) lichen planus
      2) pemphigoid
      3) pemphigus vulgaris
      4) erythema multiforme
      5) lupus erythematosus
      6) drug – induced
      7) other
   b. allergic reactions
      1) dental restorative materials
         a) mercury
         b) nickel
         c) acrylic
         d) other
      2) reactions attributable to
         a) toothpasters/ dentifrice
         b) mouthrinses/mouthwashes
         c) chewing gum additives
         d) foods and additives
      3) other
6. Traumatic lesions (factitious, iatrogenic, accidental)
   a. chemical injury
   b. physical injury
   c. thermal injury
7. Foreign body reactions
8. Not otherwise specifies (NOS)

Classification of periodontal diseases and conditions.

* Can occur on a periodontium with no attachment loss or on a periodontium with attachment loss that is not progressing.

II. Chronic Periodontitis

A. Localized

B. Generalized

III. Aggressive Periodontitis

A. Localized

B. Generalized

IV. Periodontitis as a Manifestation of Systemic Diseases

A. Associated with hematological disorders

1. Acquired neutropenia
2. Leukemias
3. Other

B. Associated with genetic disorders

1. Familial and cyclic neutropenia
2. Down syndrome
3. Leukocyte adhesion deficiency syndromes
4. Papillon – Lefevre syndrome
5. Chediak – Higashi syndrome
6. Histiocytosis syndromes
7. Glycogen storage disease
8. Infantile genetic agranulocytosis
9. Cohen syndrome
10. Ehlers – Danlos syndrome (Type IV and VIII)
11. Hypophosphatasia
12. Other

C. Not otherwise specified (NOS)

V. Necrotizing Periodontal Diseases

A. Necrotizing ulcerative gingivitis (NUG)

B. Necrotizing ulcerative periodontitis (NUP)

VI. Abscesses of the Periodontium

A. Gingival abscess

B. Periodontal abscess

C. Pericoronal abscess

VII. Periodontitis Associated With Endodontic Lesions

A. Combined periodontic – endodontic lesions

VIII. Developmental or Acquired Deformities and Conditions

A. Localized tooth – related factors that modify or predispose to plaque – induced gingival diseases / periodontitis

1. Tooth anatomic factors
2. Dental restorations / appliances
3. Root fractures
4. Cervical root resorption and cemental tears

B. Mucogingival deformities and conditions around teeth

1. Gingival/soft tissue recession
   a. facial or lingual surfaces
   b. interproximal (papillary)
2. Lack of keratinized gingiva
3. Decreased vestibular depth
4. Aberrant frenum / muscle position
5. Gingival excess
   a. pseudopocket
   b. inconsistent gingival margin
   c. excessive gingival display
   d. gingival enlargement (See I.A.3. and I.B.4.)
6. Abnormal color

C. Mucogingival deformities and conditions on edentulous ridges

1. Vertical and / or horizontal ridge deficiency
2. Lack of gingival / keratinized tissue
3. Gingival / soft tissue enlargement
4. Aberrant frenum / muscle position
5. Decreased vestibular depth
6. Abnormal color

D. Occlusal trauma

1. Primary occlusal trauma
2. Secondary occlusal trauma

> Can be further classified on the basis of extent and severity. As a general guide, extent can be characterized as Localized = ≤30% of sites involved and Generalized = > 30% of sites involved. Severity can be characterized on the basis of the amount of clinical attachment loss (CAL) as follows : Slight = 1 or 2 mm CAL, Moderate = 3 or 4 mm CAL, and Severe =≥5 mm CAL.