

# St. Luke's Dental Health Center - Agency Form



**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date of Visit:** \_\_\_\_\_

**Facility:** REM Discovery Four Oaks Tanager **Dentist:** Dr. Anderson Dr. Hansen

**Subjective:** Patient has the following concerns:

\_\_\_\_\_

**Objective:**

Oral Hygiene								
Plaque	Light			Moderate			Heavy	
Calculus	Light			Moderate			Heavy	
Gingival Status	Healthy	Mild		Moderate			Severe	
Treatment Completed								
Exam	Cleaning	Fluoride	X-Rays	Sealants	Fillings	Crowns	Extractions	Local Anesthetic

Other: \_\_\_\_\_

**Assessment:**

Periodontal Diagnosis			
Healthy/Stable	Gingivitis	Periodontitis	Other:
Dental Diagnosis			
Healthy	Incipient/Pre-Cavities	_____ Cavities	Other:

Other: \_\_\_\_\_

**Plan:**

Appts Needed for Treatment:	None	Appts: _____	Dental Surgery in OR
Recall/Cleaning Interval	3 months	6 months	1yr

Preventive Plan			
Independent Brushing	Supervised Brushing	Assisted Brushing	Dependent Brushing
Interdental Brush	Power Toothbrush	Water/Air Flosser	Floss/Flosser
Dry Mouth Products	Rx 1.1% NaF Toothpaste	Rx Chlorhexidine	Fluoride mouthwash
Brush 2x daily	Floss 1x daily	Limit sugary drinks and snacks between meals and try sugar-free options	
Restorative/Surgical Plan			
Procedures Needed:	Sealants	Fillings	Crowns
	Extractions	Other:	
Specialty Plan			
Referrals Needed:	Orthodontics	Oral Surgery	Endodontics
	Other:	None	

**Signature of Dental Professional:** \_\_\_\_\_ **Date:** \_\_\_\_\_