

# Appendix 4

## Case Summary Template

**Patient (Name and Date of birth):**

### Presenting complaints

Chief complaint  
Subsidiary complaints  
History of complaints  
Patient's expectations

### History

#### Medical history

Medical Practitioner

Respiratory

Cardiovascular

Gastrointestinal

Neurological

Endocrine

Developmental

Musculoskeletal

Genitourinary

Haematological

Other

Allergies  
Smoking  
Infectious diseases  
Pregnancy  
Hospitalisation  
Medications

### Social history

Marital status

Children

Occupation

Smoking	Type	Frequency	Period
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Recreational drugs

Diet	<input type="checkbox"/>	Soft drinks
	<input type="checkbox"/>	Sports drinks
	<input type="checkbox"/>	Lemons
	<input type="checkbox"/>	Acidic foods
	<input type="checkbox"/>	Sweet foods
	<input type="checkbox"/>	Water
	<input type="checkbox"/>	Tea
	<input type="checkbox"/>	Coffee
	<input type="checkbox"/>	Alcohol
	<input type="checkbox"/>	Hard/brittle foods
	<input type="checkbox"/>	Ice crunching
Habits/hobbies	<input type="checkbox"/>	Musical instrument
	<input type="checkbox"/>	Exercise
	<input type="checkbox"/>	Oral habits

**Dental history**

Additional information	
Date of last examination	
Oral hygiene	<input type="checkbox"/> Brushing
	<input type="checkbox"/> Flossing
	<input type="checkbox"/> Mouthwash
	<input type="checkbox"/> Toothpaste
Treatment	<input type="checkbox"/> Restorations
	<input type="checkbox"/> Endodontics
	<input type="checkbox"/> Periodontics
	<input type="checkbox"/> Orthodontics
	<input type="checkbox"/> RDP
	<input type="checkbox"/> FDP
	<input type="checkbox"/> TMD
	<input type="checkbox"/> OMFS

**Extraoral examination****Aesthetics**

Facial symmetry	
Profile	
Nasolabial angle	
Facial folds	
Midlines	Face/maxillary centrals Maxillary central alignment Maxillary/mandibular centrals
Lip posture	Symmetry Upper lip Lower lip Competence Tooth display
Occlusal plane	Parallel to ala tragus line Parallel to interpupillary line Over-eruption
Vertical	FWS OVD assessment
Smile assessment	Symmetry Lip line Gingival display Tooth display Buccal corridor



At rest



Broad smile

**Phonetics**

	Normal	Abnormal
Labial (m)	<input type="checkbox"/>	<input type="checkbox"/>
Labiodental (f/v)	<input type="checkbox"/>	<input type="checkbox"/>
Linguodental (th)	<input type="checkbox"/>	<input type="checkbox"/>
Interdental (s)	<input type="checkbox"/>	<input type="checkbox"/>
Linguopalatal (k/ng)	<input type="checkbox"/>	<input type="checkbox"/>

**Temporomandibular assessment**

TMJ	Additional information
Click	<input type="checkbox"/>
Crepitus	<input type="checkbox"/>
Tenderness	<input type="checkbox"/>

Muscle tenderness	Right	Left
Temporalis	<input type="checkbox"/>	<input type="checkbox"/>
Masseter	<input type="checkbox"/>	<input type="checkbox"/>
Posterior mandible	<input type="checkbox"/>	<input type="checkbox"/>
Anterior mandible	<input type="checkbox"/>	<input type="checkbox"/>
Glands		
Nodes		

Jaw movement	Measurement (mm)	Reference points
Maximal opening		
Right laterotrusion		
Left laterotrusion		
Midline deviation		
Maximal protrusion		
Opening pathway		
Overjet		
Overbite		
Further investigation required		

**Intraoral examination****Soft tissues**

Tissue	Healthy	Abnormal	Additional information
Lips	<input type="checkbox"/>	<input type="checkbox"/>	
Labial vestibule	<input type="checkbox"/>	<input type="checkbox"/>	
Cheeks	<input type="checkbox"/>	<input type="checkbox"/>	
Palate	<input type="checkbox"/>	<input type="checkbox"/>	
Oropharynx	<input type="checkbox"/>	<input type="checkbox"/>	
Tongue	<input type="checkbox"/>	<input type="checkbox"/>	
Floor	<input type="checkbox"/>	<input type="checkbox"/>	
Frenal attachments	<input type="checkbox"/>	<input type="checkbox"/>	

Ridges	Maxilla	Mandible
Arch shape		
Resorption		
Palatal vault		
Tori		
Frenal attachments		
Mucosa		
Pathology		

**Oral cleanliness**

Condition	Yes	No
Plaque	<input type="checkbox"/>	<input type="checkbox"/>
Calculus	<input type="checkbox"/>	<input type="checkbox"/>
Food impaction	<input type="checkbox"/>	<input type="checkbox"/>
Stains	<input type="checkbox"/>	<input type="checkbox"/>
Halitosis	<input type="checkbox"/>	<input type="checkbox"/>

**Saliva**

Water intake  
 Quality  
 Quantity  
 Pathology  
 Medications affecting

Further investigation required

**Periodontium**

CPITN			

Gingiva	Biotype Colour Contour Consistency
Papillae	Colour Contour

## Periodontal charting

*Maxillary buccal*

[illegible]

*Maxillary palatal*

[illegible]

*Mandibular lingual*

[illegible]

*Mandibular buccal*

Tooth no.	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Pocket	■							■	■	■						■
Bleeding	■							■	■	■						■
Suppuration	■							■	■	■						■
Recession																
Furcation				■	■	■	■	■	■	■	■	■	■	■		
Mobility	■							■	■	■						■

## Occlusion

Skeletal classification  
 Dental occlusion  
 Angle right  
 Angle left  
 Anterior overbite  
 Anterior overjet  
 Cross-bites  
 Open-bites  
 Curve of Spee  
 Curve of Wilson  
 RP to IP slide  
 FWS

## Tooth guidance

Right laterotrusion

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Protrusion

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Left laterotrusion

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

## Tooth surface loss

Caries

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Attrition

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Abrasion (specify surface)

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Erosion (specify surface)

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Abfraction (specify surface)

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

**Dental charting**

Tooth no.	Clinical findings	Comments
18		
17		
16		
15		
14		
13		
12		
11		
21		
22		
23		
24		
25		
26		
27		
28		
38		
37		
36		
35		
34		
33		
32		
31		
41		
42		
43		
44		
45		
46		
47		
48		

**Previous dentures**

Teeth replaced    8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

                         8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

	Maxilla	Mandible
Age/number		
Type		
Kennedy classification		
Appearance		
LFH		
Stability		
Support		
Retention		
Hygiene		
Patient opinion		

**Special tests**

	Performed	Additional information
Percussion	<input type="checkbox"/>	
Palpation	<input type="checkbox"/>	
Vitality	<input type="checkbox"/>	
Cusp loading	<input type="checkbox"/>	
Transillumination	<input type="checkbox"/>	
Selective anaesthesia	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

**Radiographs****Orthopantomogram (date)**

Features	Radiographic data
TMJ	
Bone loss	
Sinuses	
Mandibular foramen and canal	
Mental foramen	
Retained roots	
Pathology	

**Periapical films**

Information	Information
18	38
17	37
16	36
15	35
14	34
13	33
12	32
11	31
21	41
22	42
23	43
24	44
25	45
26	46
27	47
28	48

**Other radiographs**

Date	Radiographic data
OPG	
Lat ceph	
OPG	
Lat ceph	

**Study casts**

Articulation	Position Face bow
Diagnostic wax-up	OVD change Occlusal adjustment Crown lengthening

**Problem list**

Problem list	Details
Medical condition	
Aesthetics	
Speech	
TMD	
Soft tissue	
Oral hygiene	
Saliva	
Periodontal	
Edentulism	
Occlusion	
Tooth surface loss	
Restorative	
Prosthetic	
Endodontic	

**Treatment options****Maxilla**

Treatment option 1	Treatment time	Cost
	Total	\$

Treatment option 2	Treatment time	Cost
	Total	\$

Treatment option 3	Treatment time	Cost
	Total	\$

Treatment option 4	Treatment time	Cost
	Total	\$

**Mandible**

Treatment option 1	Treatment time	Cost
	Total	\$

Treatment option 2	Treatment time	Cost
	Total	\$

Treatment option 3	Treatment time	Cost
	Total	\$

**Treatment plan**

- Maxilla: Treatment option
- Mandible: Treatment option

Treatment phase	Detail	Timeline	Cost
Hygiene phase			
Pre-prosthetic pretreatment phase I			
Pre-prosthetic pretreatment phase II			
Prosthetic phase			
Maintenance			
		Total	\$

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Treatment sequence

Appointment	Procedure	Time (minutes)	Cost
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
Total			\$0

Treatment discussion

References