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CONTINUED CARE: RECALL UPDATE

Patient Name						
DENTAL & HEALTH HISTORY UPDATE						
1. Has your child rece	. Has your child received any medical care since his or her last dental appointment? 🗆 Yes / 🗆 No If, yes give details					
-	Has your child seen a dental specialist? □ Yes / □ No - □ ortho □ endo □ oral surgeon □ other Has there been a change in your child's health status? □ Yes / □ No If yes, give details					
4. Has there been a ch	4. Has there been a change in your child's medications(s)? 🗆 Yes / 🗆 No If yes, give details					
 5. Is your child using any fluoride mouthwash? □ Yes / □ No - □ ACT □ Just for Kids □ Clinpro 6. Has your child sustained a traumatic dental injury since their last visit? □ Yes / □ No If yes, give details						
7. Do you have any co	7. Do you have any concerns about your child's dental health? □ Yes / □ No If yes, give details					
	hild with brushing a ss every night? Yes ack between meals? xe? Yes / No If yes, up per:	□ Yes / □ No odated information		□ No		
15. Email address	Dad's Address Would you like to be contacted via up email up text up phone ature below indicates that I understand and have answered all questions on the medical and dental history update to the best of my					
knowledge. I request and freely consent to the performance of any dental procedures for a complete dental examination, which are deemed necessary to update my child's dental status. Due to potential acquisition of other patients protected health information (PHI), recording any part of or your visit to our office is strictly prohibited. Signature of parent or guardian Date						
Doctor's signature	signature Date					
FINDINGS Per Patient: Brushing: Daily Dail						
C			_	-		
OB% Occlusion	OJmm	Open bite _		Anterior crossbite	Posterior crossbite CL III	
	_	_ 1		-L II		
Max Adequate spacing	e spacing Crowded		Man Adequate spacing		Man Crowded	
Oral Hygiene	Good		Fair		Poor	
Plaque	Heavy Ant.	Post.	Moderate	Ant. Post.	Light Ant. Post.	
Tartar	Yes No	Anterior L	ingual Fac	cial Posterior	Buccal Interproximal	
Gingivitis	Mild loc/gen	Ant. Post.	Moderate Ant. Post.	loc/gen	Severe Ant. loc/gen Post.	

Decay Present Monitor - small cavity(ies) Watching None Ortho Needs Not Yet Phase I Phase II Braces On **Expanders In Completed** Caries Risk Assessment High Moderate Low Intra Oral Findings WNL M. L. Deviation 🗆 Ectopic Moderate^{III} Severe Enamel Hypoplasia Attrition Mild □ Mild □ Moderate □ Missing teeth Severe Loose teeth Extra Oral Findings WNL Mouth Breather Dry Lips Nail Biting 🗆 Diastema Tooth Thumbsucking $\mathsf{m}\mathsf{m}$