

PERIODONTAL CHART

PATIENT NAME: _____ FILE NO.: _____ DATE: _____

☐ Pre-treatment ☐ Re-evaluation ☐ Recall maintenance

Diagnosis																
CAL, BOP																
PD, PL, Calc																
CEJ-GM																
FACIAL	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3
Mobility																
LINGUAL																
CEJ-GM																
PD, PL, Calc																
CAL, BOP																

CAL, BOP																
PD, PL, Calc																
CEJ-GM																
LINGUAL																
Mobility																
FACIAL	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
CEJ-GM																
PD, PL, Calc																
CAL, BOP																
Diagnosis																

GM- Gingival Margin, CAL- Clinical Attachment Loss, CEJ- Cementoenamel Junction, PD- Probing Depth
 PL- Plaque, if presents put *, Calc- Calculus, if presents put *, BOP- Bleeding on probing, if presents put red

Plaque Index Bleeding Index

Periodontal Diagnosis:

Supervisor's Signature

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**United States. Department of the Air
Force**

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