

Columbia University in the City of New York
School of Dental & Oral Surgery

Please fill the appropriate dental patient assessment in each fields below

Dental patient Assessment

Patient Information

Patient ID
Patient Last Name
Patient First Name
Patient Age in Years
Patient Gender
Date Seen - mm/dd/yyyy

Provider Information

Provider ID
Provider Last Name

Patient Oral Health Status

Oral Hygiene Status
Dietary Record
Saliva
Past Caries Activity
Present Caries Activity
Fluoride
Caries Accelerating Factors