Record of Traumatized Teeth

Patient's name: _____ Date of birth: _____
❑ Male ❑ Female Age: _____

Initial examination time and date: _____

Referring dentist (or physician): _____

Past trauma (if any)
Time and date: _____ Teeth involved: _____

Present trauma
Time and date: _____ Place: _____
Cause: _____
_____

General findings
Headache: ❑ Yes ❑ No Loss of consciousness: ❑ Yes ❑ No Nausea: ❑ Yes ❑ No

Intraoral findings
Teeth involved: ❑ Primary _____ ❑ Permanent _____
Spontaneous pain: ❑ Yes ❑ No Cold sensitivity: ❑ Yes ❑ No
Percussion sensitivity: ❑ Yes ❑ No Pulp exposure: ❑ Yes ❑ No
Electric pulp test (EPT): + / –
Discoloration of crown: ❑ Yes ❑ No Tooth mobility: ❑ 0 ❑ 1 ❑ 2 ❑ 3
Damage: ❑ To oral mucosa ❑ Laceration of the lips ❑ Other _____

Radiographic findings
Completion of root formation: ❑ Complete ❑ Incomplete (apical foramen _____ mm)
Root fracture: ❑ Yes ❑ No Apical lesion: ❑ Yes ❑ No
Obliteration of pulp cavity: ❑ Yes ❑ No Root resorption: ❑ Yes ❑ No
Type of root resorption: ❑ Surface ❑ Inflammatory ❑ Replacement
Widening of periodontal membrane (luxation): ❑ Yes ❑ No
Alveolar bone fracture: ❑ Yes ❑ No

Condition of avulsed tooth
Duration of time out of oral cavity: (_____ minutes)
Stored: ❑ Dry ❑ In water ❑ In saliva ❑ In milk

Diagnosis

❑ Crown fracture	❑ Crown-root fracture	❑ Root fracture
❑ Concussion	❑ Subluxation	❑ Extrusive luxation
❑ Lateral luxation	❑ Intrusive luxation	❑ Avulsion

Treatment plan

Prognosis