" ANNEX "

DHS FORM I

FILE NO. _____ DATE: _____

NAME _____
SURNAME FIRST NAME M.I.

DATE OF BIRTH _____ PS/S/PM/OA

ADDRESS _____ SEX

PARENT / GUARDIAN _____

MEDICAL HISTORY _____

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
DENTAL HEALTH SERVICE

INDIVIDUAL TREATMENT RECORD

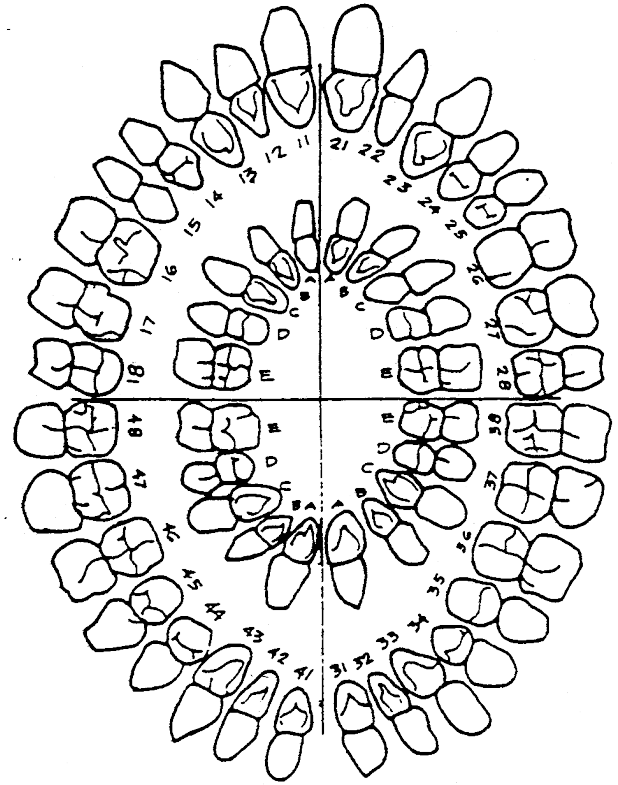
PROVINCE _____

CITY / MUN. _____

ORAL HEALTH CONDITION

DATE						
CARIES						
GINGIVITIS						
P. POCKETS						
DEBRIS						
CALCULUS						
NEOPLASM						
CLEFT - LIP						
CLEFT PALATE						
OTHERS						
	T P	T P	T P	T P	T P	T P
No. of Teeth Present						
No. of DMF T						
No. of df Teeth						

DENTAL HEALTH STATUS



O CAVITY
● FILLING
\ INDICATED FOR EXO.
X EXTRACTED
▼ PONTICS

SEALANT $
TEMPORARY FILLING T.F
CARIES FREE ✓
UNERUPTED U.N

SEALANT

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

FILLINGS

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

EXTRACTION

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

RECORD OF TREATMENT/SERVICES RENDERED

DATE	TOOTH	EXAMINATION	SCALING	TEMP.FILLG	PERM.FILLG	I.ORAL HYG.	SEALANT	EXTRACTION	COMPLETION	REMARKS	SIGNATURE	DATE	TOOTH	EXAMINATION	SCALING	TEMP.FILLG	PERM.FILLG	I.ORAL HYG.	SEALANT	EXTRACTION	COMPLETION	REMARKS	SIGNATURE