 Tarlac State University

**Dental Health Office**

**DENTAL RECORD**

Registration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Valid Until:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELLPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR & SEC.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATUS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Visit to a Dental Clinic: Treatment Done:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Other than the TSU Dental Clinic)

If never, State reason why:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*MEDICAL HISTORY:*

\_\_\_\_\_Diabetes Height:

\_\_\_\_\_Heart Disease Weight:

\_\_\_\_\_Asthma Blood Pressure:

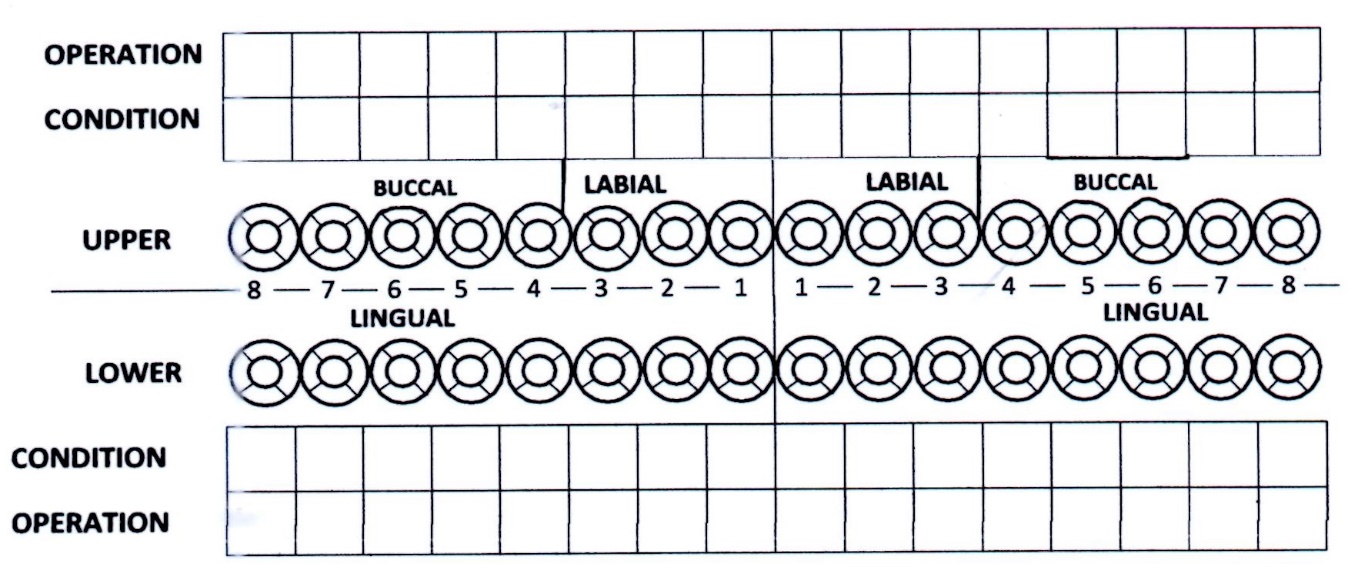
\_\_\_\_\_Epilepsy Pulse Rate:

\_\_\_\_\_Hypertension Resp. Rate:

\_\_\_\_\_Others (pls. Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment Plan: Next appointment date:**

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| Form No.: **TSU-DHO-SF-01** | Revision No**. 01** | Effectivity Date : November 15, 2022 | Page 1 of 2 |

**Treatment Record**

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| Date | Tooth No. | Details of the Service Rendered | Signature |
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| Form No.: **TSU-DHO-SF-01** | Revision No**. 01** | Effectivity Date : November 15, 2022 | Page 2 of 2 |