

Results of Dental Health Screening

Name of Examinee	Resident Reg. No.	-	Health checkup institution <input type="checkbox"/> Visit, <input type="checkbox"/> On-site checkup	Date of examination
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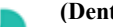
How is the result of my oral checkup?

Determination – ☐ Normal A ☐ Normal B ☐ Caution ☐ Treatment required

●Mr./Mrs./Ms. , you need to take **immediate actions** for the following details.

●Mr./Mrs./Ms. _____, you need to have **great focus to manage** the following details.

How is the result of my oral examination?

 <p>Evaluation of questionnaire</p>	(Dental department) Medical history issue	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Oral health awareness issue	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Oral health habit issue	<div> Oral hygiene: <input type="checkbox"/> No <input type="checkbox"/> Yes Fluoride use: <input type="checkbox"/> No <input type="checkbox"/> Yes </div> <div> Sugar intake: <input type="checkbox"/> No <input type="checkbox"/> Yes Smoking: <input type="checkbox"/> No <input type="checkbox"/> Yes </div>

Dental examination	Decayed tooth	:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Periodontal biopsy	Gingivitis: <input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Severe
	Tooth with interproximal caries suspected	:	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Dental caries (cavity)	Repaired tooth	:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Periodontal disease (gum disease)	Dental calculus: <input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Severe
	Lost tooth	:	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

Dental examination

Result Note	<p>► Prevalence of dental caries for permanent tooth (Year of 2010 / %)</p> <p>(Ministry of Health and Welfare. 2010 National oral health survey. 2011)</p>		Subjects	Male	Female	<p>► Description for examinations</p> <ul style="list-style-type: none"> - Decayed tooth: Tooth with dental caries - Tooth of interproximal caries suspected - Teeth of suspected dental caries taking place between teeth - Repaired tooth: Tooth treated or repaired from dental caries by crowning gold, resin, or amalgam - Lost tooth: Loosened tooth required to be replaced because of dental caries - Gingivitis: Extent to which gums with inflammation - Dental calculus: a degree to which dental calculus needs to be removed
		19–29 years old	39	42	35	
		30–39 years old	38	42	34	
		40–49 years old	34	37	31	
		50–59 years old	29	31	23	
		60–69 years old	28	33	23	
		Over 70 years old	27	31	25	

Dental plaque examination	Dental plaque of the first upper right molar (No. 16) : points Dental plaque of the upper right central incisor (No. 11) : points Dental plaque of the first upper left molar (No. 26) : points Dental plaque of the first lower left molar (No. 36) : points Dental plaque of the lower central left incisor (No. 31) : points Dental plaque of the first lower molar of the right (No. 46) : points	Determination - Good (Less than 1 point) - Normal (Less than 1–3 points) - Bad (More than 3 points)
	Dental caries (cavity) Periodontal disease (gum disease)	
Average		points

※ Average point = sum of the points of every dental surface / the number of evaluated teeth

We notify the result of your oral checkup as above.

Dentist:

Determination date

(Office code)

License (Qualification) number

Name (signature)

※ This notification letter of health checkup result can serve as a medical care referral (treatment referral) if it has an impression note that states that the subject is required to be treated at a more advanced hospital.