

Case 2

高醫牙科門診記錄 (Dental Chart)

病歷號碼 Chart No: XXXXXXX Insurance Yes 健保 No 一般
 姓名 Name: XXX 性別 Sex: 女 出生日期 Birthday: 67 年 8 月 15 日
 籍貫 Native: 高雄 婚姻狀況: 已婚 未婚 初診日期 First visit: XXX XX XX 日
 職業 Occupation: 教師 電話 Tel: XXXXXXXX 血型 Blood type: O
 地址 Address: 高市文直路147巷23號

Medical Alert <u>哮喘 history (+)</u>	抽煙 / 有(yes), 無(no) 多久 Smoking 每日數量 _____ 包, 目前有, 無抽 喝酒 有(yes), 無(no) 多久 Alcohol 每日數量 _____ 瓶, 目前有, 無喝 吃檳榔 有(yes), 無(no) 多久 Betel quid 每日數量 _____ 顆, 目前有, 無吃 其他習慣或嗜好 (Other hobbies?) _____
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- 健康問題: 請仔細據實回答下列問題, 請於空格處鈎選 Yes 有 No 無 Unknown 不詳
- 你有下列疾病嗎? (Do you have the following diseases?)
1. 肝炎或肝病 (hepatitis, liver disease) -----
 2. 腫瘤或癌症 (neoplasm, cancer) -----
 3. 心臟病, 心律不整 (heart disease, arrhythmia) -----
 4. 高血壓 (hypertension, high blood pressure) -----
 5. 甲狀腺疾病 (thyroid disease) -----
 6. 肺結核 (tuberculosis) -----
 7. 腎臟病 (renal disease) -----
 8. 糖尿病 (diabetes mellitus) -----
 9. 血液疾病 (blood disorder) -----
 10. 性病 (sexual transmitted disease) -----
 11. 懷孕 (pregnancy currently) -----
 12. 您過去有沒有住過院? Have you been hospitalized? -----
 為什麼住院? (Why?) _____
 13. 您曾有過過敏的經驗嗎? Do you have drug allergy history? -----
 何種藥物或其他過敏物? (Name of drug) 食物、鳳梨
 14. 您目前正在服用藥物嗎? (包含情緒及精神方面的藥物) -----
 (Do you have medication currently? Include psychiatric drug?)
 為什麼服藥 (Why?) _____ 服用多久了 (How long?) _____
 藥名 (Drug name?) _____
 15. 您曾經接受過放射線治療嗎? (不含一般檢查用的 X 光) -----
 (Do you have received radiotherapy?)
 治療部位 (Region?) _____ 治療多久 (How long?) _____
 16. 有無任何其他沒有提到的疾病? (Other disease?) -----
 有的話, 是 (yes) _____

請簽名 (Signature) XXX

牙科門診記錄

Chief Complaints: a mass over ⁴⁵ buccal gingiva

Age	Sex	Date of onset	Character & Location	Refer from	Previous Treatment
26	♀				

重要之現在症狀及有關病史(P.I.):
 P.t. 於3月初在 ⁴⁵ buccal gingiva 發現有 mass, 並且於3.13
 做切片檢查: 照鏡等視同一部位又有 mass, 於是
 在4/17 於口腔門診再次做 excision 並送 H-P exam.
 重要之身體及局部檢查發現(P.E.):

a mass over ⁴⁵ buccal gingiva:
 Size: 1.0cm x 1.5 cm, bleeding: (++)
 (* P.t. 目前4個月30週) 自視感覺有搏動感.

O.F.:

- Character of pain dull sharp
- throbbing radiated
- percussion
- Food impaction
- Plaque or calculus deposition
- Gingival swelling
- Gingival bleeding
- Teeth mobility Grade _____
- Abscess formation
- Sensitivity to cold water
- hot water
- inhaled air
- Clicking sound from joint (R't. L't)
- Muscle tenderness _____

- Improper restoration C&B RPD CD
- Poor masticatory function
- Poorly phonetic
- Unesthetic teeth or restoration _____
- Diastema or spacing
- Loose C&B _____
- Sharp edge of teeth (trauma to cheek or tongue)
- Facial asymmetry
- Clinical profile straight convex concave
- Occlusion class I class II class III
- Deep bite
- Open bite ant. post.
- Crossbite ant. post.
- Crowding ant. others Post.
- Tipping _____

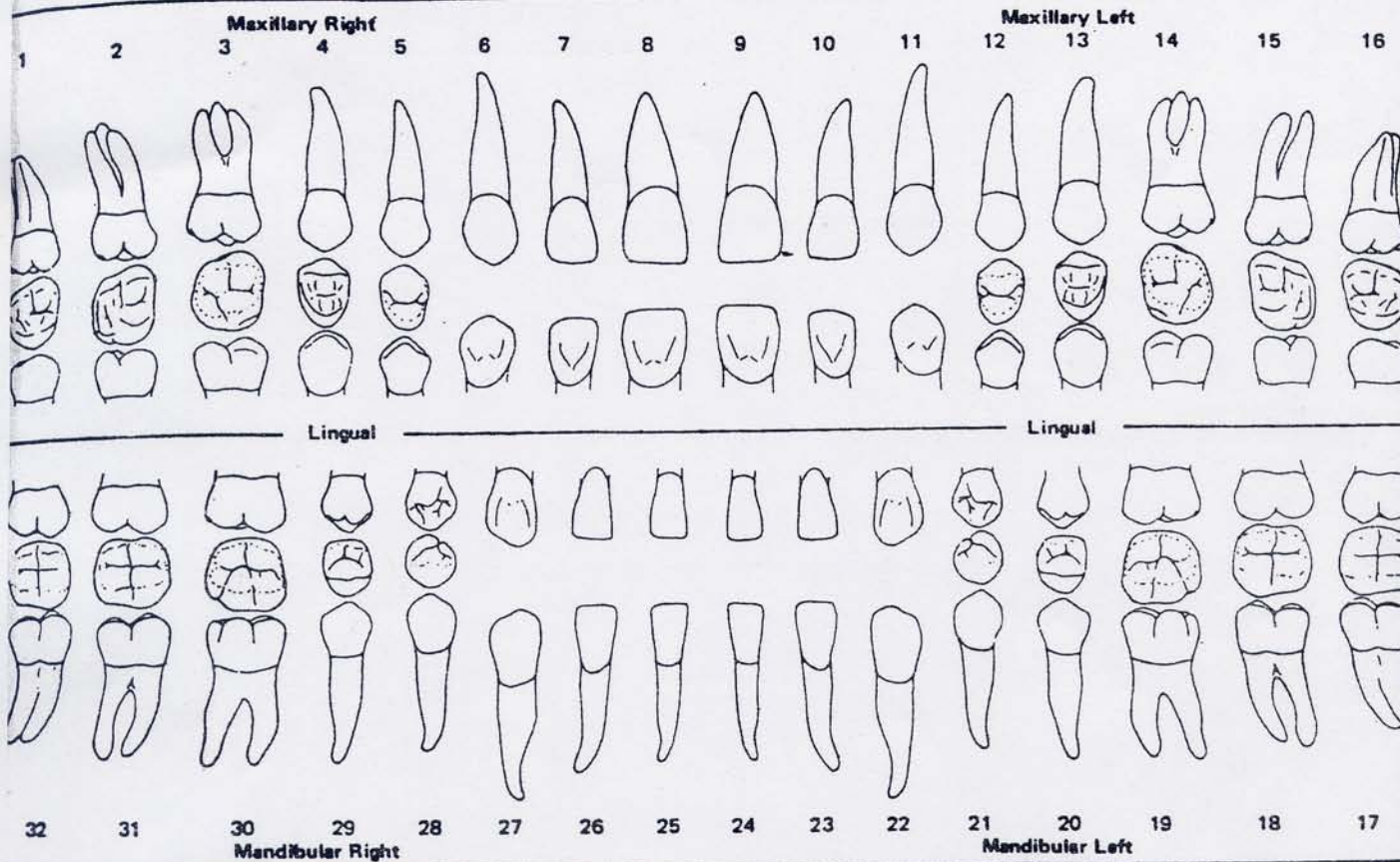
口腔內是否有特殊病灶, 如有請圖示位置及填寫以下各欄位:



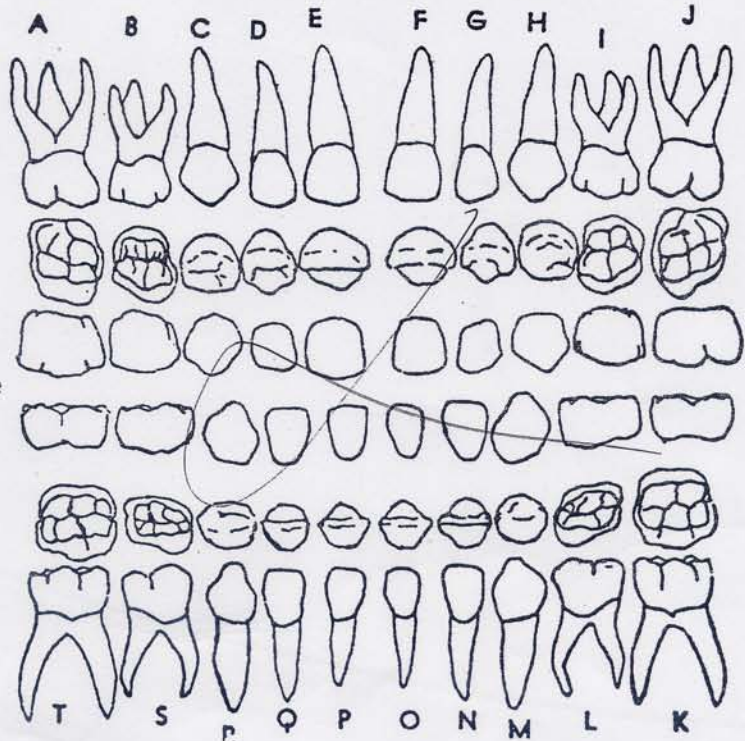
Size: 1.6x1 cm Surface: smooth/rough/ulcerated Base: pedunculated/sessile
 Shape: nodule/dome/polypoid/lobular Color: white/red/yellow/blue/red
 Consistency: soft/cheesy/rubbery/firm/hard/firm Fluctuation: +/~/?
 Mobility: movable/fixed Pain: +/~/? Tenderness: +/~/?
 Induration: +/~/? Lymphadenopathy: +/~/specify _____

口腔癌患者, 請務必填寫: TNM: T___/N___/M___ Stage I/II/III/IV

N.P



- A—Amalgam
- C—Composite
- .—Cement
- F—Gold Foil
- PC—Porcelain Crown
- FC—Acrylic Face Crown
- GC—Full Gold Crown
- SC—Stainless Steel Crown
- FB—Fixed Bridge
- PD—Removable Partial Denture
- FD—Full Denture



- D--Decay
- R.R. residual root
- ⊗ Missing
- + Impacted
- | Unerupted
- ✱ Malposed
- ~ Rotated
- ⊂ Ectopic Eruption
- I: Mobility Grade I
- II: Mobility Grade II
- III: Mobility Grade III

Right

Left



2007 4 17



