

高醫牙科門診記錄 (Dental Chart)

牙科專用

病歷號碼 Chart No. : Case 1 Insurance Yes No
健保 一般
 姓名 Name : _____ 性別 Sex : 男 出生日期 Birthday : _____ 年 _____ 月 _____ 日
yr mon day
 籍貫 Native : _____ 婚姻狀況: 已婚 未婚 初診日期 First visit: _____ 年 _____ 月 _____ 日
Marital status yes no yr mon day
 職業 Occupation : 學生 電話 Tel : _____ 血型 Blood type : _____
 地址 Address : _____

Medical Alert _____ _____ _____	抽煙 <u>有(yes)</u> , <u>無(no)</u> 多久 _____ Smoking 每日數量 _____ 包, 目前有, 無抽 喝酒 <u>有(yes)</u> , <u>無(no)</u> 多久 _____ Alcohol 每日數量 _____ 瓶, 目前有, 無喝 吃檳榔 <u>有(yes)</u> , <u>無(no)</u> 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，請於空格處鉤選 Yes No Unknown
 你有下列疾病嗎？(Do you have the following diseases ?) 有 無 不詳
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) _____
 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) _____

牙科門診記錄

Chief Complaints: A swelling mass over upper left arch for 3-4 months

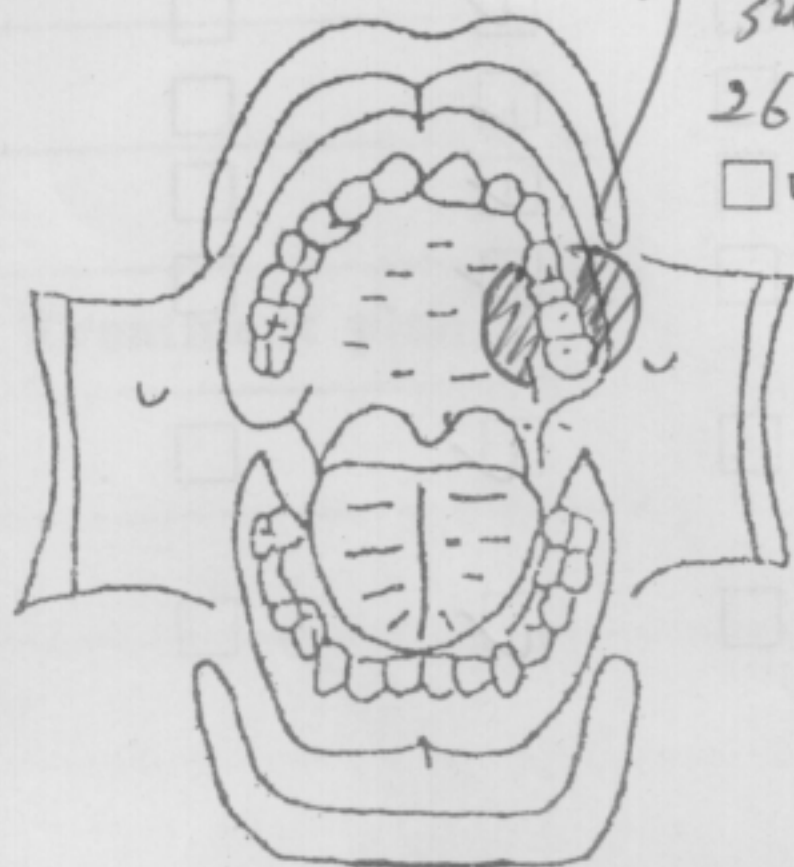
P.I.	Age	Sex	Date of onset	Character & Location	Refer from	Previous Treatment
	17	♂	Unknown	upper left arch posterior area		

This 17 y/o male found a swelling over upper left posterior area for 3-4 months. This swelling lesion became larger slowly and he was suggested to visit our OPD by local dentist (新生物檢時醫師建議他到本院治療). Except increased size, no other symptom was complained.

- O.E.:
- 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
 - Tipping _____

painless firm swelling over 26, 27 area.

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：



MANDIBLE

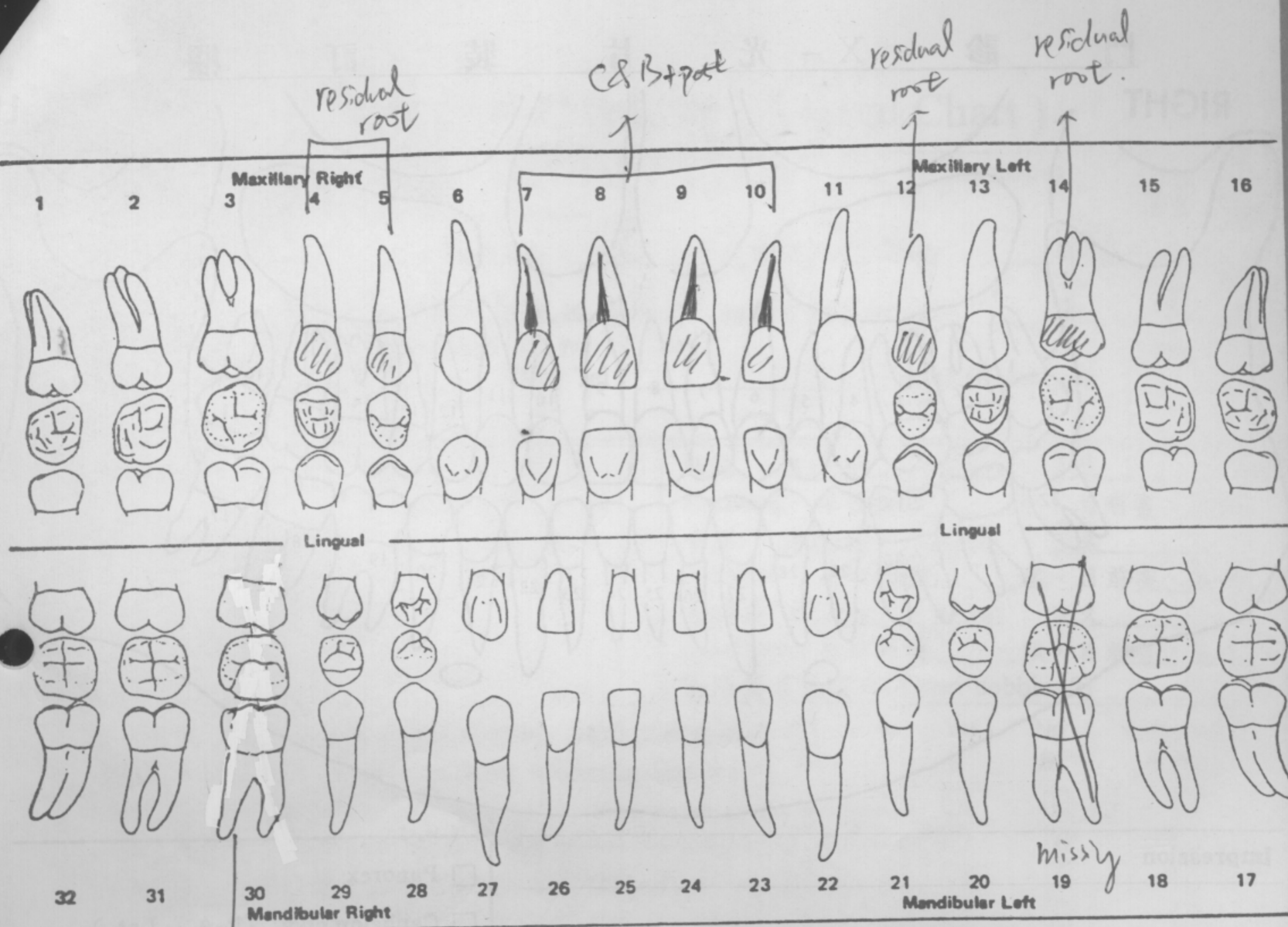


MAXILLA



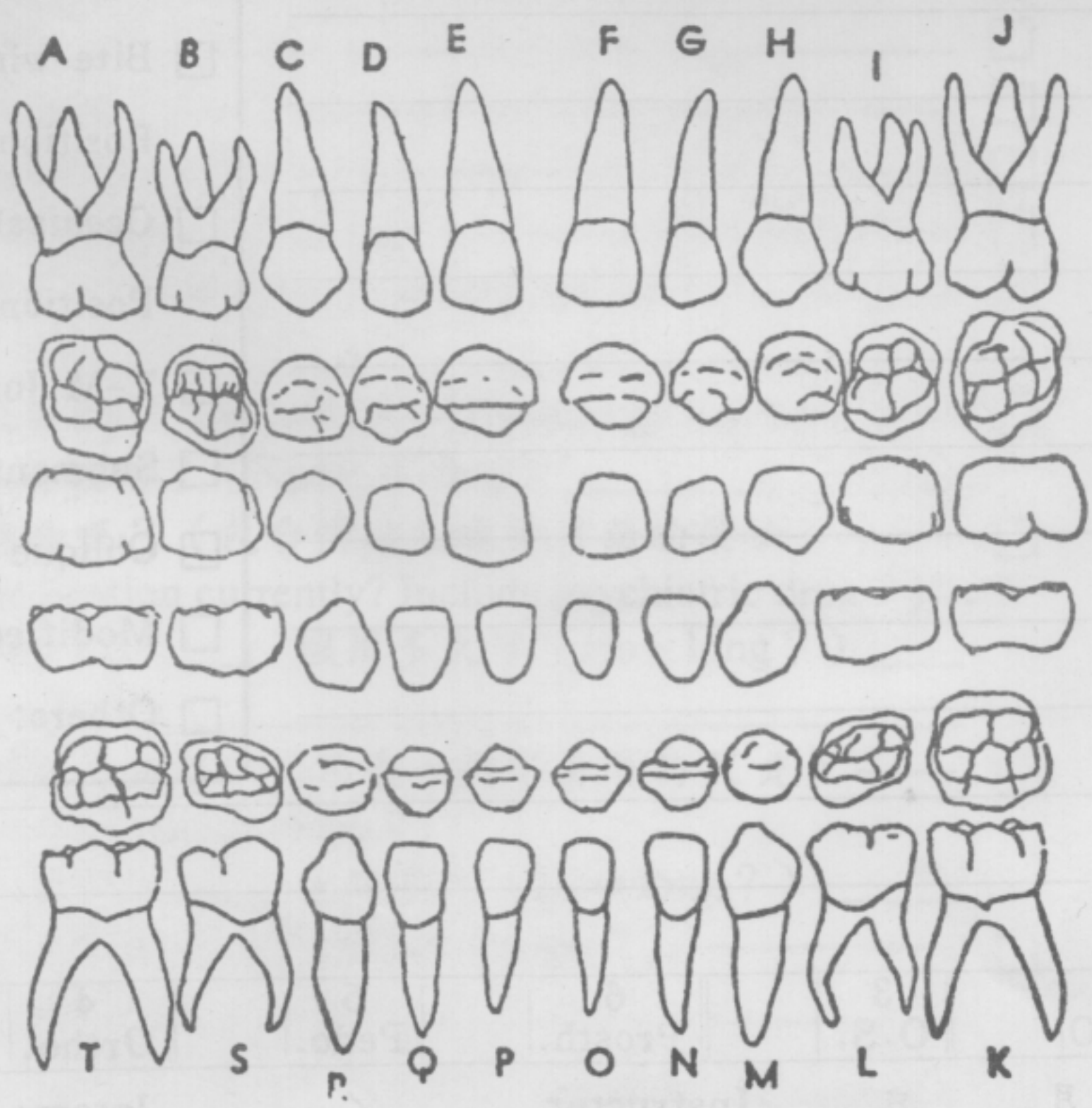
Size: 2.5 x 2 cm Surface: smooth/rough/_____ Base: pedunculated/sessile
 Shape: nodule/dome/polypoid/_____ Color: white/red/yellow/blue/pinkish
 Consistency: soft/cheesy/rubbery/firm/hard/_____ Fluctuation: + (-)?
 Mobility: movable/fixed/_____ Pain: + (-)? Tenderness: + (+)?
 Induration: + (-)? Lymphadenopathy: + (-)/specify _____

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



- A—Amalgam
- C—Composite
- .—Cement
- F—Gold Foil
- PC—Porcelain Crown
- AFC—Acrylic Face Crown
- FGC—Full Gold Crown
- SSC—Stainless Steel Crown
- FB—Fixed Bridge
- RPD—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

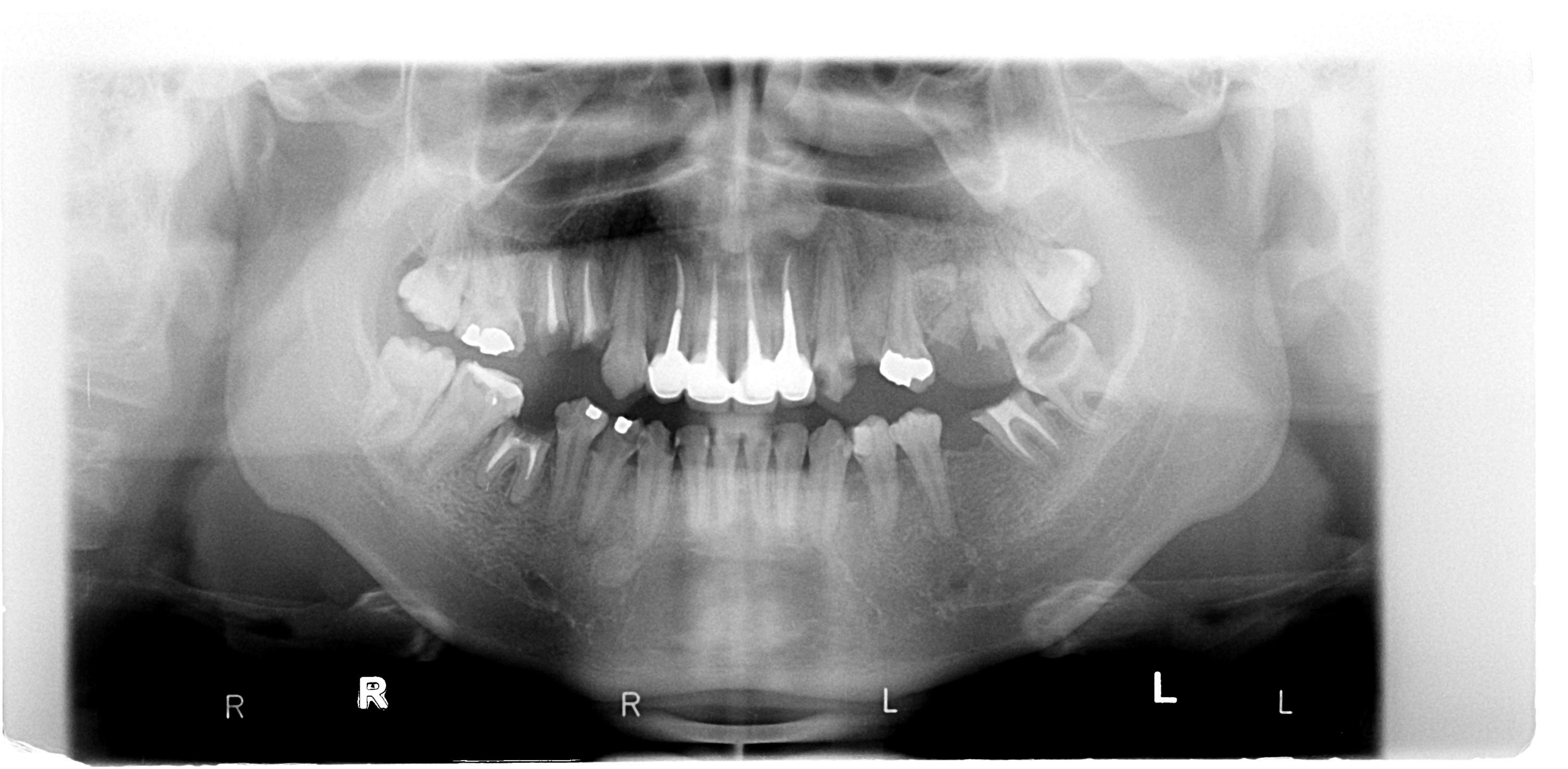


Right

Left







R

R

R

L

L

L

