牙科專用

高醫牙科門診記錄（Dental Chart）

病歷號碼 Chart No.：Case 3　　Insurance　Yes 健保　No 一般

姓名 Name：＿＿＿＿＿＿　性別 Sex：男　出生日期 Birthday：＿＿年 yr ＿＿月 mon ＿＿日 day

籍貫 Native：＿＿＿＿　婚姻狀況 Marital status：☐已婚 yes ☐未婚 no　初診日期 First visit：＿＿年 yr ＿＿月 mon ＿＿日 day

職業 Occupation：工　電話 Tel：＿＿＿＿＿＿　血型 Blood type：＿＿＿＿

地址 Address：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Medical Alert	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 ?) ＿＿＿＿

健康問題：請仔細據實回答下列問題，請於空格處鉤選 ☐ 你有下列疾病嗎？(Do you have the following diseases ?)	Yes 有	No 無	Unknown 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

Chicf Complants: A mass over lower left buccal alveolar area for 3 months

P.I.

Age	Sex	Date of onset	Character & Location	Refer from	Previous Treatment
35	男	3 months			

This 35 yo male found a mass over his left lower buccal alveolar area for 3 months. He felt a little numbness over ligual side when touched by tongue tip.

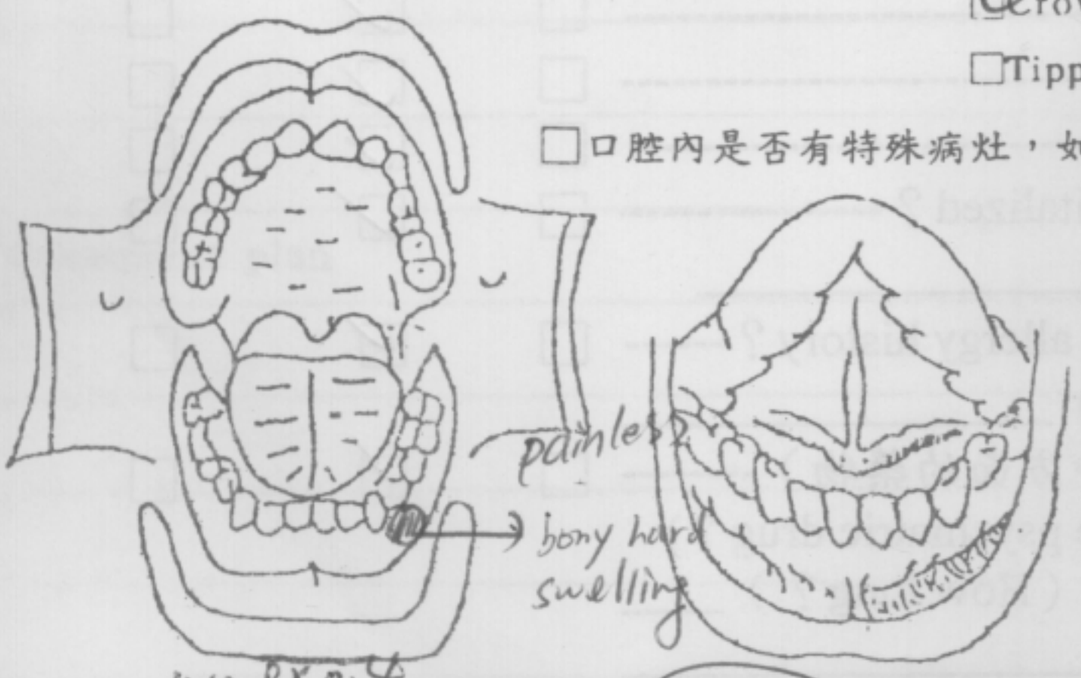
O.E. :

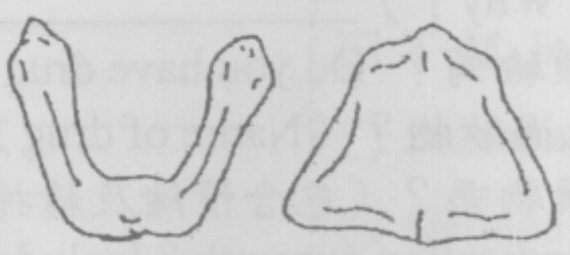
☐ Character of pain ☐ dull ☐ sharp ☐ throbbing ☐ radiated ☐ percussion

☐ 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 masticatiory function
☐Poorly phonetic
☐Unesthetic teeth or restoration _____
☐Diastema or spacing
☐Loose C&B _____
☐Sharp edge of teeth (trauma to cheek or tongue)
☐Facial asymmetry
☐Clincal profile ☑ straight ☐ convex ☐ concave
☐Occlusion ☑ class I ☐ class II ☐ class III
☐Deep bite
☐Open bite ☐ ant. ☐ post.
☐Crossbite ☐ ant. ☐ post.
☑Crowding ☑ ant. ☐ others lower
☐Tipping _____

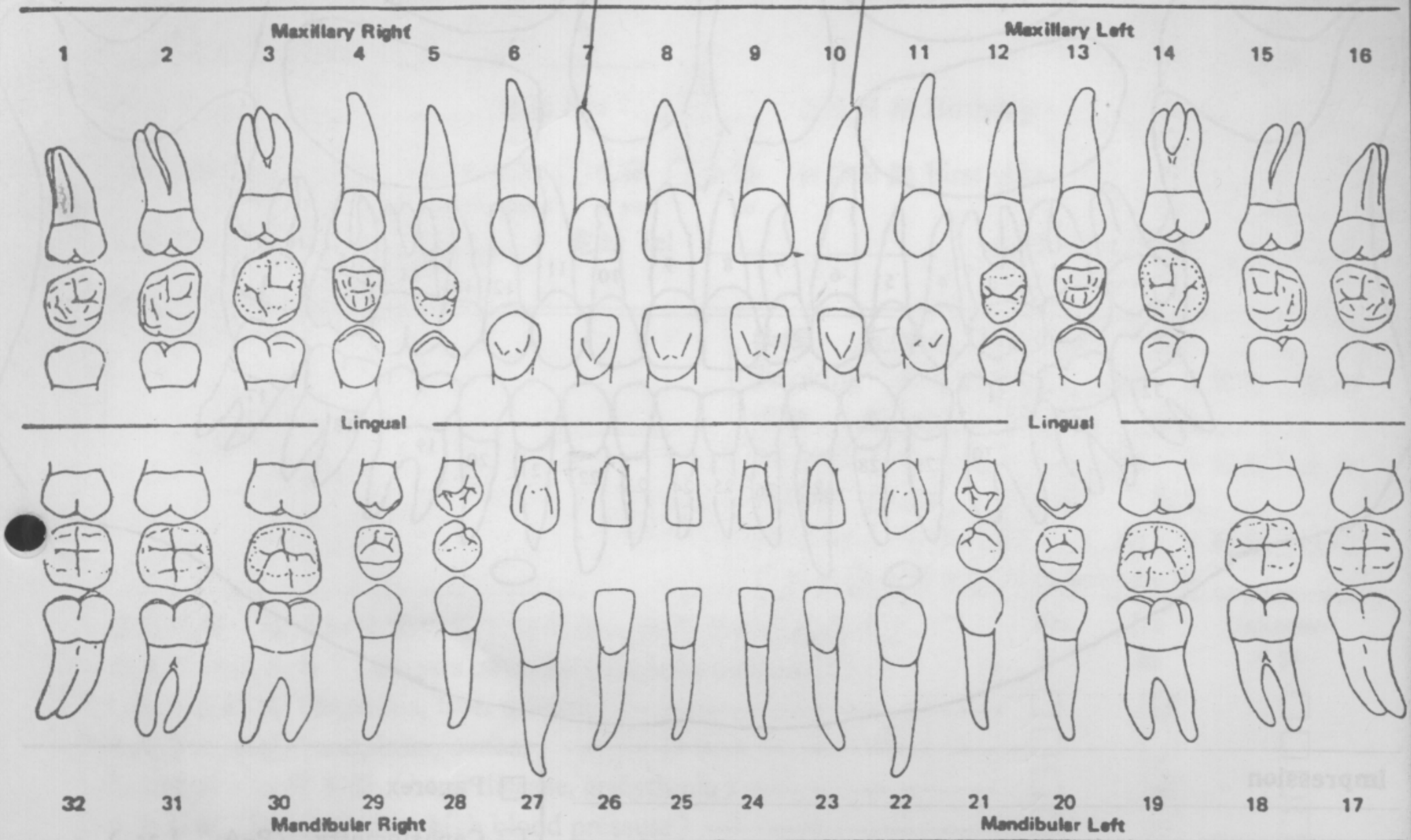
☐口腔內是否有特殊病灶，如有請圖示位置及填寫以下各欄位：

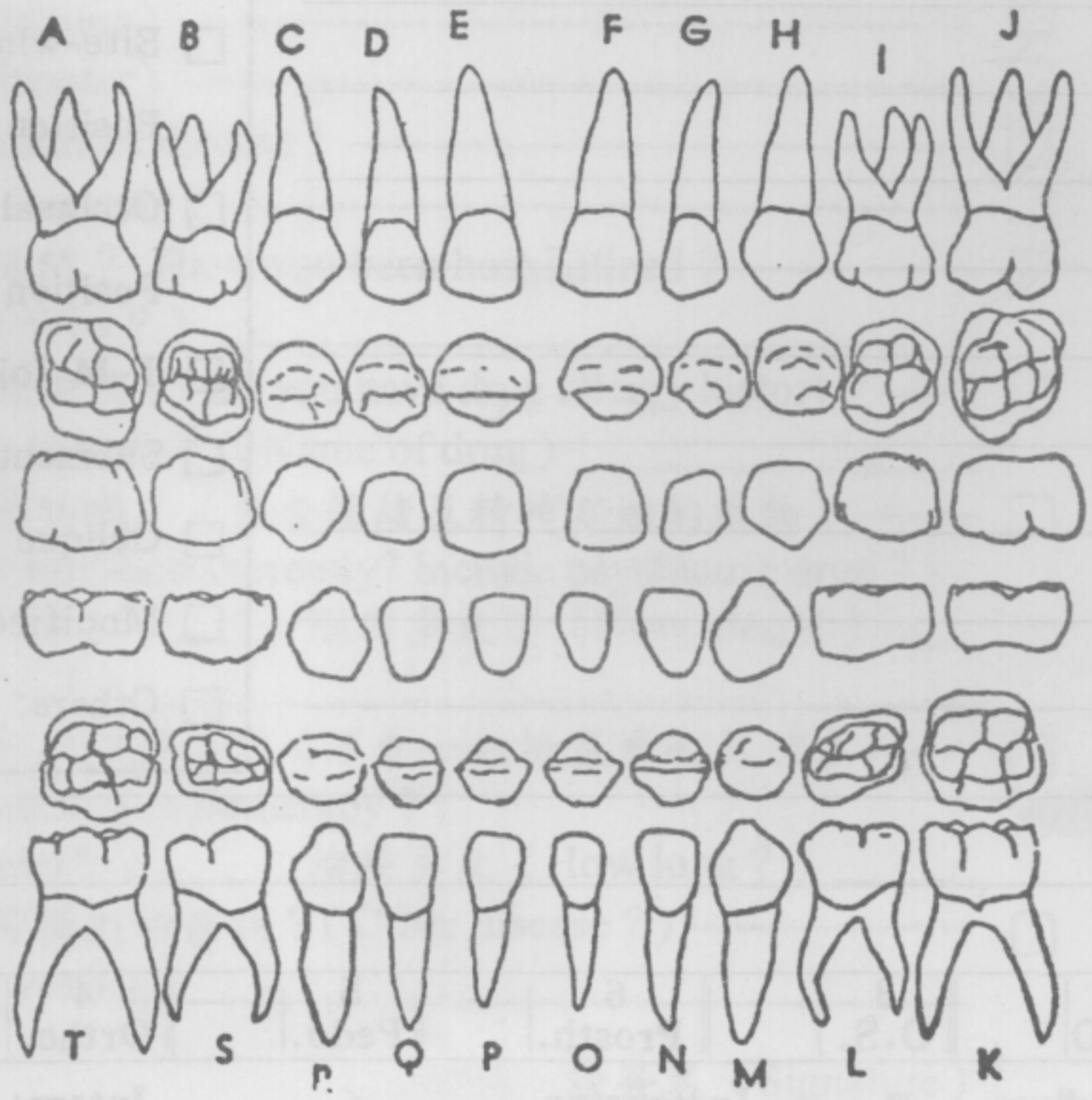




Size: 1X0.8X0.4 cm Surface:smooth/rough/_____ Base:pedunculated/sessile
Shape:nodule/dome/polypoid/_____ Color:white/red/yellow/blue/normal
Consistency:soft/cheesy/rubbery/firm/hard/_____ Fluctuation:+/-?
Mobility:movable/fixed/_____ Pain:+/-? Tenderness:+/-?
Induration:+/-? Lymphadenopathy:+/-specify_____
口腔癌患者，請務必填寫：TNM:T__/N__/M__Stage I/II/III/IV

peg lateral.



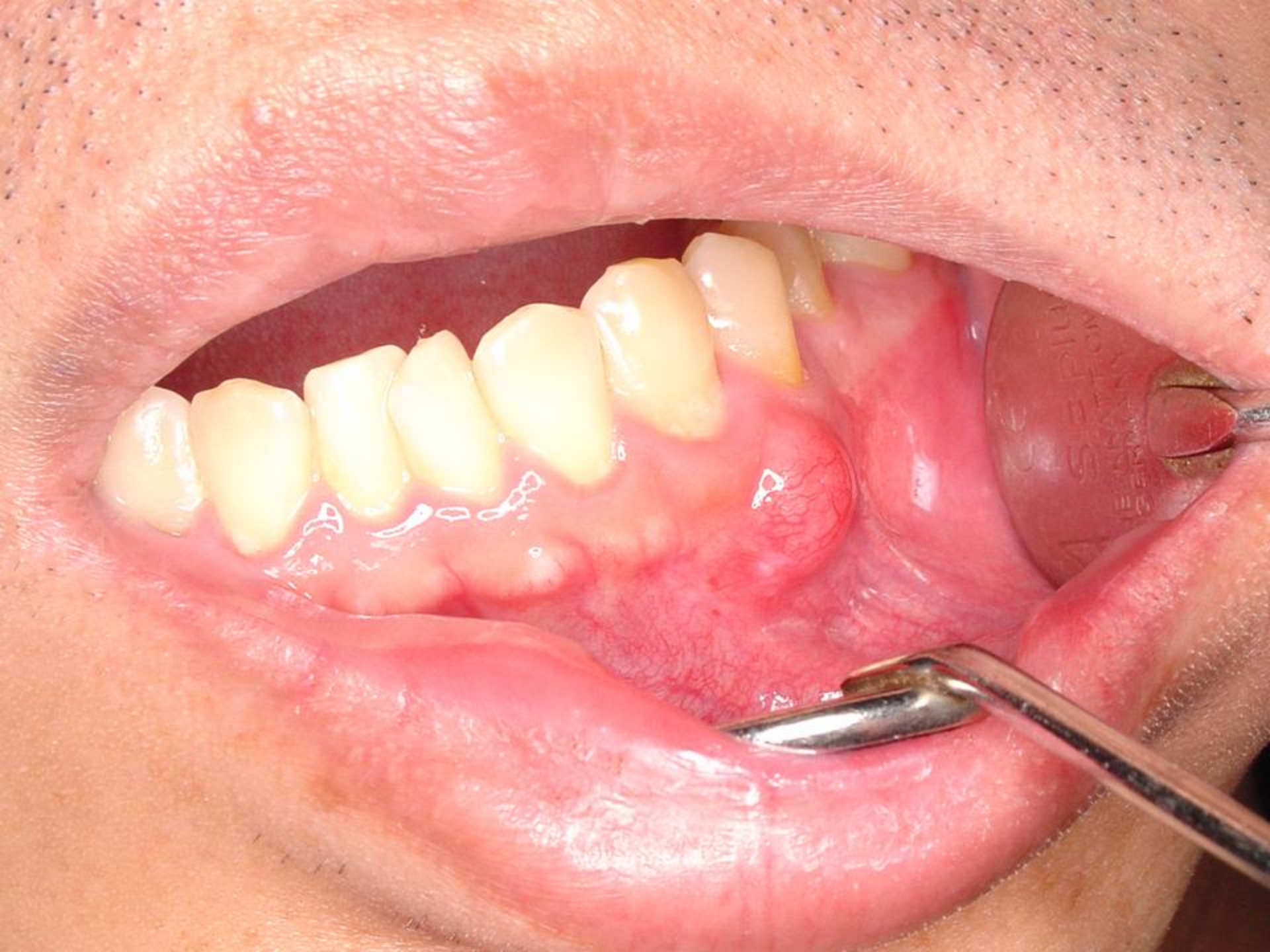


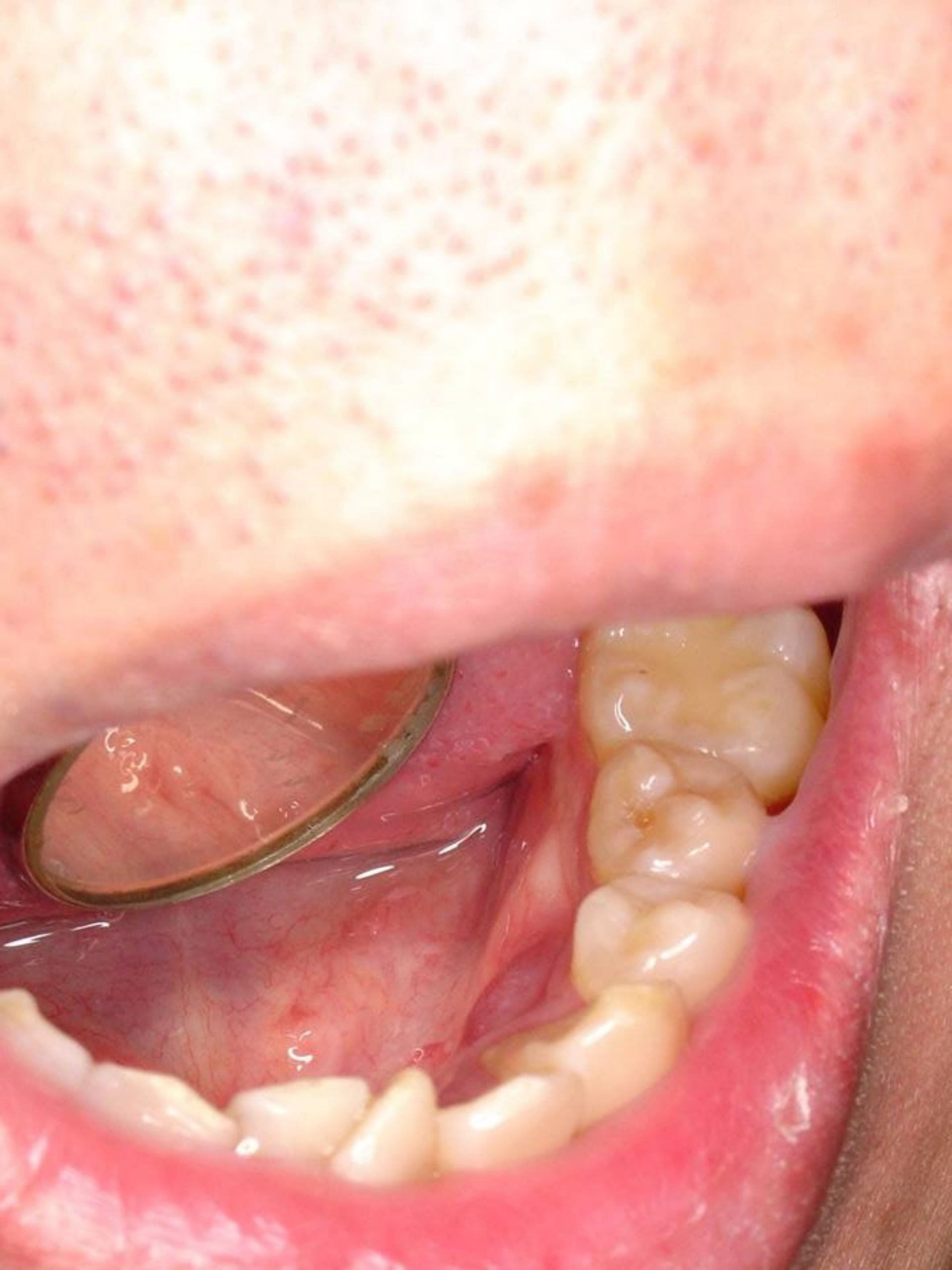
A—Amalgam
C—Composite
C—Cement
F—Gold Foil
PC—Porcelain Crown
AFC—Acrylic Face Crown
FGC—Full Gold Crown
SSC—Stainless Steel Crown
FB—Fixed Bridge
RPD—Removable Partial Denture
FD—Full Denture

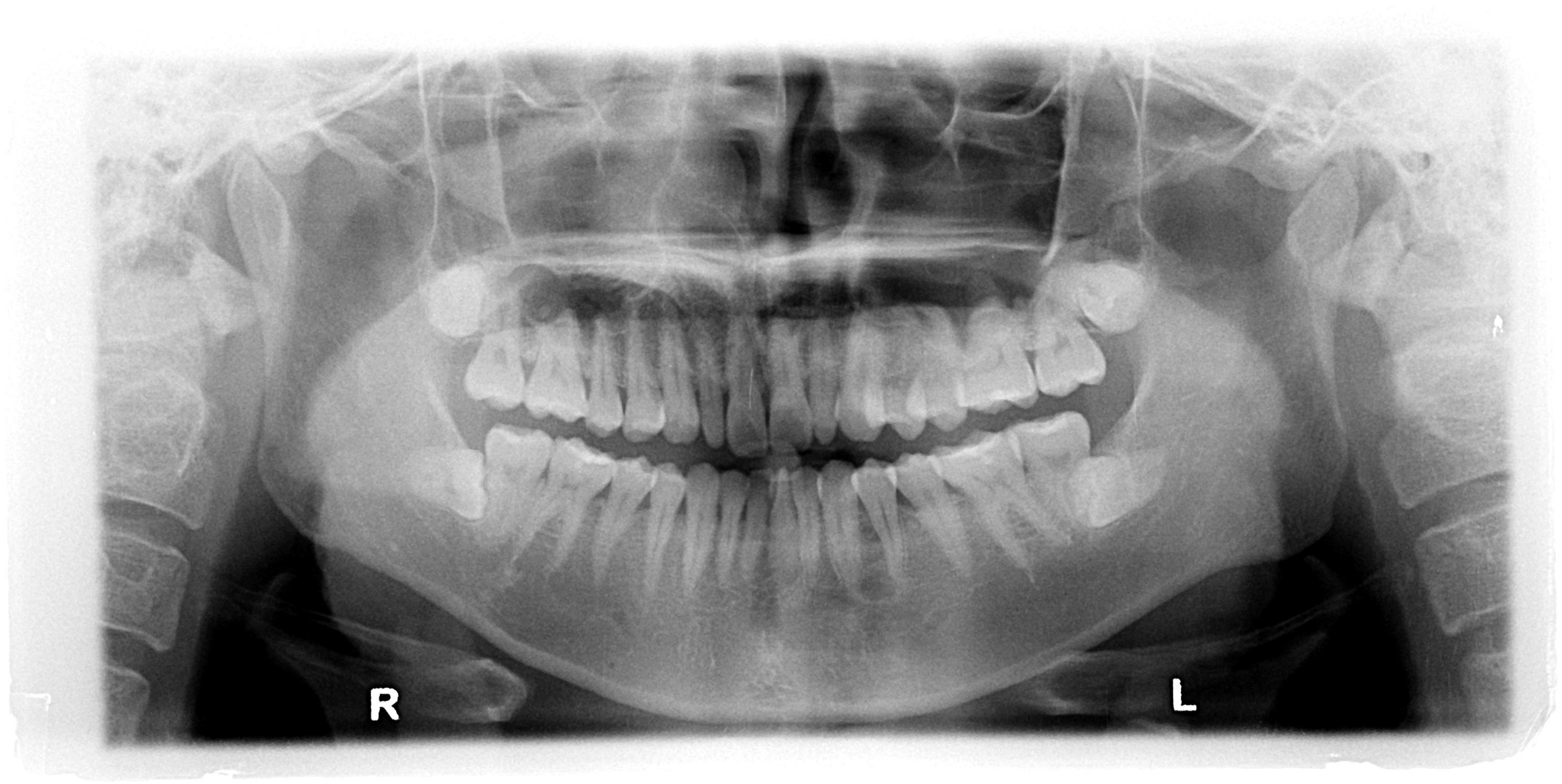
D--Decay
R.R. residual root
× Missing
+ Impacted
| Unerupted
Malposed
Rotated
Ectopic Eruption
I :Mobility Grade I
II :Mobility Grade II
III :Mobility Grade III

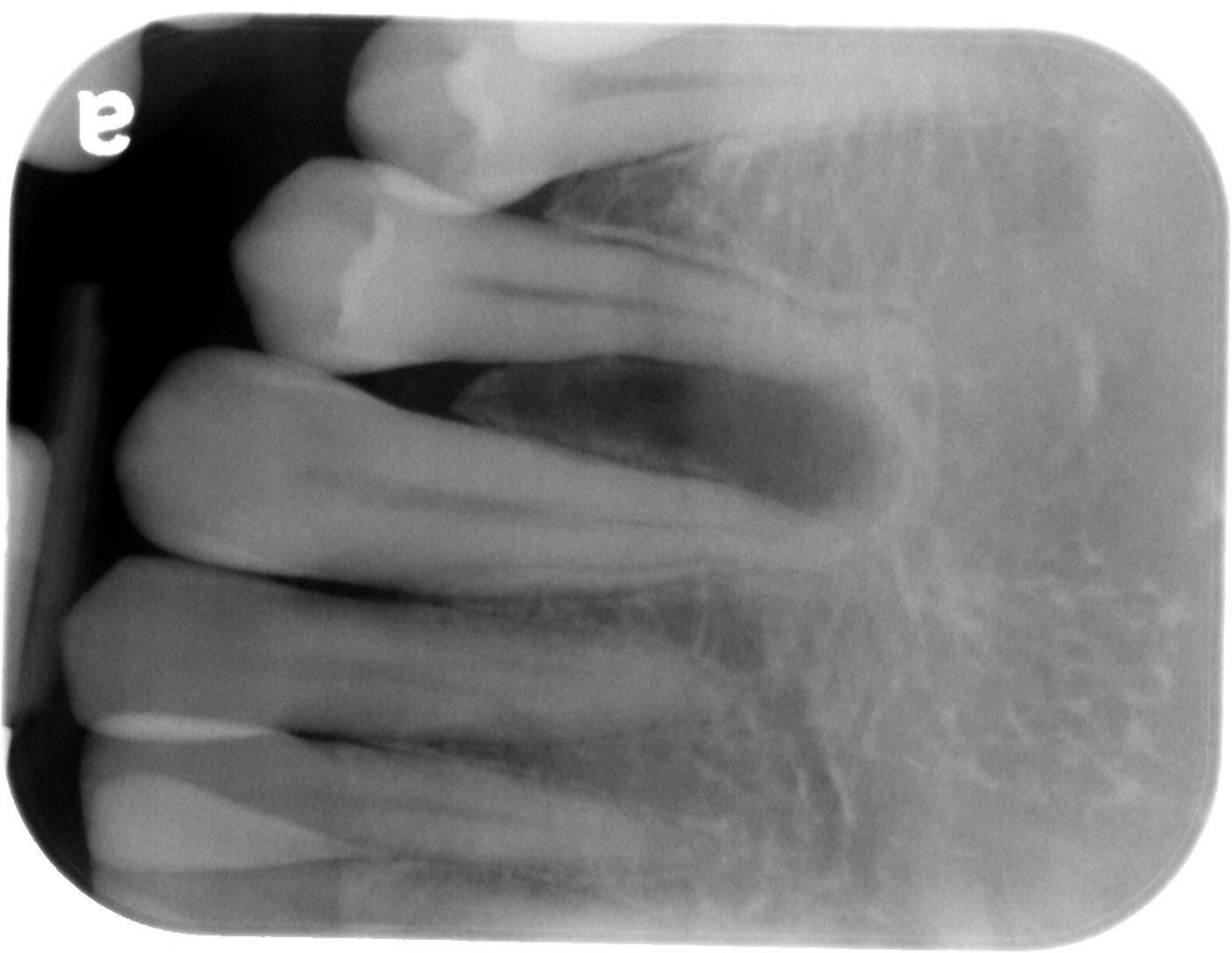
Right

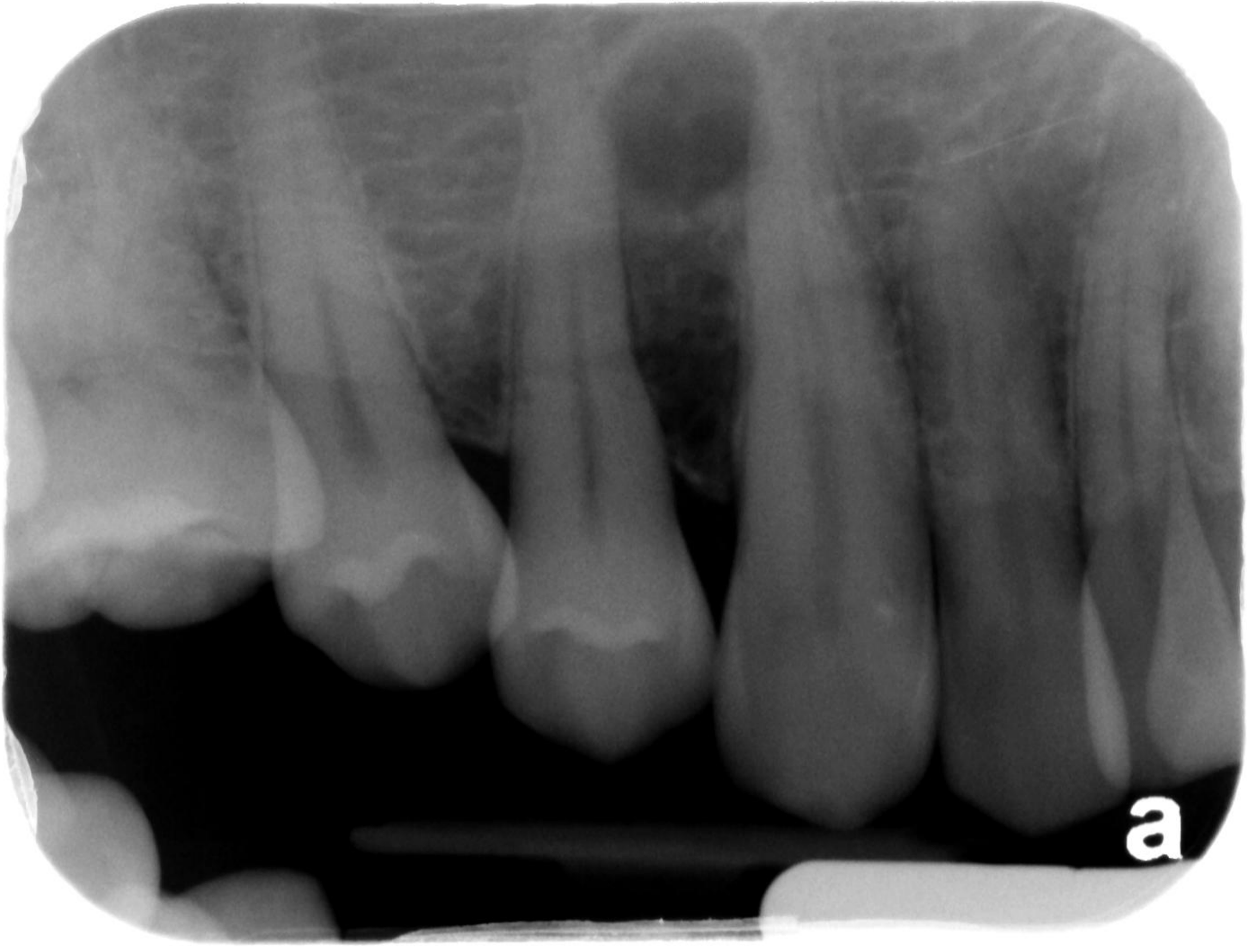
Left






R
L




a