Houndstooth Non-Anesthetic Dental Report

Please sign line 1 & fill out lines 2-9

Level____ Stage ____

C ___P___G___ T___

New Patient: ____Y ____N

Last Dental Date_____

Fee
____R____S____Consult

Recommended Follow Up
1 3 6 12 Month

Next Appt Length
___15 ___20 ___30

1. I authorize Houndstooth to clean my pet's teeth. I understand that this procedure is generally regarded as safe but like all procedures may involve some risk. I release Houndstooth and any entity or persons associated with Houndstooth from liability.

Signature_____**Date**_____

2.First Name

3.Last Name

4.Email

5.Phone

6.Cell

7.Address

8.City **ST** **Zip**

9.Pet Name **Breed** **Birth Yr**

____ **Vet Eval**
____ **Antibiotics**
_____ **X Ray**
____ **See Note**

Home Care
___Wiping /Brushing Daily
___Oral swabs
___ Oral Zinc Solution
___ Peroxide & Water
_____ %

Recommended
___ Diet Change
___ CoQ10
___ Vitamin C
___ Probiotics
____Oral Rinse

Treatment Level
___1. Light
___2. Moderate
___3. Heavy
___ 4. Severe
___ Additional treatments needed due

Oral Abnormalities

_____ Abscess Track	_____ Lesion
_____ Crowding	_____ Fractured
_____ Hyperplasia	_____ Furcation
_____ Pockets	_____ Mobility
_____ Recession	_____ Pulp Exposure
_____ Gingivitis	_____ Other/see note

Today's Procedure
___Scaling
___Ultrasonic
___Perio Treatment
___Gross Debridment
___Pre/Post- surgical
___Polish
___Consultation
___Home Care Demo
___Other _____

Next Procedure
___ Scaling
___Ultrasonic
___Perio Treatment
___ Post -Surgical
___Gross Debridment
___ Other

Patient Temperament
Levels 1-4
___Dementia
___Hyper-Nervous
___Fear Biter
___Aggressive Biter
____Safety Sack
___Sedation

Calculus, Plaque, Gingivitis

Rt		Lft
	Buccal	
	Lingual	
	Palatal	
	Labial	

Perio Disease Index:
Level 1-4 _____
Localized _____
General _____
Active _____
Stable_____

Upper Rt	Upper Lft	Lower Lft	Lower Rt
I101 _____	I201 _____	I301 _____	I401 _____
I102 _____	I202 _____	I302 _____	I402 _____
I103 _____	I203 _____	I303 _____	I403 _____
C104 _____	C204 _____	C304 _____	C404 _____
P105 _____	P205 _____	P305 _____	P405 _____
P106 _____	P206 _____	P306 _____	P406 _____
P107 _____	P207 _____	P307 _____	P407 _____
P108 _____	P208 _____	P308 _____	P408 _____
M109 _____	M209 _____	M309 _____	M409 _____
M110 _____	M210 _____	M310 _____	M410 _____
		M311 _____	M411 _____

Nothing Remarkable _____

Involvement: Most Buccal Surfaces_____

Involvement: All Surfaces _____

Severe Condition _____

Black Plaque % Remaining _____