



# CLINICAL COMPETENCY EVALUATION

## DENTAL ASSESSMENT: DENTOGRAM & PERIODONTAL RECORD

CLIENT: \_\_\_\_\_  
CANDIDATE: \_\_\_\_\_

Date Completed: \_\_\_\_\_  
CDHO Evaluation Date: \_\_\_\_\_  
Evaluators' Initials: \_\_\_\_\_ / \_\_\_\_\_

Sensitivity																	
CAL																	
Recession																	
PPD & BOP																	
<b>F A C I A L</b>																	
<b>L I N G U A L</b>																	
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PPD = Periodontal Probing Depth    BOP = Bleeding on Probing (Mark with Red Dot)    CAL = Clinical Attachment Loss

<b>OCCLUSION:</b>	Class I: <input type="checkbox"/>	Div I: <input type="checkbox"/>	Crossbite: <input type="checkbox"/>	Overjet: _____ mm
	Class II: <input type="checkbox"/>	Div II: <input type="checkbox"/>	Mutilated: <input type="checkbox"/>	Overbite: _____ mm
	Class III: <input type="checkbox"/>	Div 0: <input type="checkbox"/>		Midline Shift: _____ mm