



MANITOBA DENTAL ASSOCIATION ORAL HEALTH CERTIFICATE

PATIENT INFORMATION

Name: _____

Address: _____

MEDICAL ISSUES WHICH MAY IMPACT PROSTHODONTIC TREATMENT

Xerostomia YES NO
▪ Is it drug induced YES NO POTENTIALLY

Allergies Metal Acrylic Latex

▪ If any please describe: _____

Metallic taste YES NO

PATIENT REMOVEABLE PROSTHODONTIC CONCERNS

Currently, maxillary arch is partially fully edentulous and does does not have an existing denture.

The patient is interested in a new complete partial denture for the maxillary arch.

Currently, mandibular arch is partially fully edentulous and does does not have an existing denture.

The patient is interested in a new complete partial denture for the mandibular arch.

ORAL EXAMINATION

External head and neck

no significant findings

recommended follow up prior to denture fabrication: _____

required follow up prior to denture fabrication: _____

Intra oral soft tissue

no significant findings

recommended follow up prior to denture fabrication: _____

required follow up prior to denture fabrication: _____

Dental/ teeth – restorative and periodontal

no significant findings

recommended follow up prior to denture fabrication: _____

required follow up prior to denture fabrication: _____

Oral hygiene acceptable Unacceptable

▪ If any please describe: _____

REPLACEMENT SPECIFIC ADVICE ON AVAILABLE OPTIONS AND LIMITATIONS OF TOOTH

DATE

PRINT NAME

SIGNATURE