Problem Focused Evaluation Record (PFE) _____
Date

S

Patient Name: Approximate Age :

History with our Practice:

History of Chief Complaint (current challenge) **NOTES:**

Spontaneous Pain	Pain on Biting	Pain with Cold	Pain with Hot	Pain with Sweets:
Constant	Comes and Goes	Localized	Not Well Localized	Swelling
Broken/Chipped Tooth	Broken Prosthetic	Lost Filling	Apparent Decay	Loose/Lost Crown or Bridge
Location:	First Noticed:	Duration:	Specific Time of Day:	Worst Severity:

Relevant Medical History: **NOTES:**

Taken any medication? Recently Chronically Cold or Sinus Problems?: Recently Chronically (special note: postural test)
Headaches? Recently Chronically Stress? Recently Chronically

Antibiotic Premedication: __Not Indicated __Indicated

Relevant Dental History: **NOTES:**

Recent Tx to this area? (special note: empty bite test)
Any past Tx to this area?
Any recommended Tx not done?

O

Relevant Clinical Evaluation: **NOTES:**

Relevant visual hard and soft tissue evaluation:
Relevant palpation examination (mobility, tenderness, swelling, texture):
Relevant periodontal condition:
Postural test:

Relevant Radiographic Examination:

3rd | *PAX PAX* | *PAX PAX PAX* | *PAX PAX* | *3rd* Occl
BWX BWX BWX BWX PANO
3rd | *PAX PAX* | *PAX PAX PAX* | *PAX PAX* | *3rd* Occl

Relevant Pulp Vitality Evaluation:

Percussion: Normal #_____ Sensitive #_____
Cold: Nothing # _____ Normal #_____ Sensitive #_____ recovers quickly recovers slowly

Fiber Optic Examination:
Significant Fracture Detected Teeth #

Biting Sensitivity Evaluation:
Biting Sensitivity Teeth#

Empty Bite Evaluation:
Empty Bite Sensitivity Teeth#

A

DA Clinical Impression: Pulp Perio Food Impaction Bite Broken P-Cor Crack Other:

Patient Attitude:

P

Doctor's Differential Diagnosis: **NOTES:**

Doctor's Best Diagnosis/Treatment Plan:

Rx Not/Provided: ***Tx Provided Today:***

RTO: Procedure(s): _____ ASAP 1 2 3 4 5 6 Days Weeks Months

☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Green Card Filled Out ☐**