Oral Diagnosis
Charting Key for “Record of Existing Oral Conditions”

1. Chart all conditions that are detectable by clinical examination and/or radiographic examination in red or blue pencil. Existing normal (healthy) conditions in blue; existing abnormal (unhealthy) conditions in red.

2. Mark all missing teeth not replaced by fixed prosthesis with a blue “X” through the entire tooth including occlusal, lingual, buccal and root views.

3. Circle impacted or unerupted teeth in blue pencil. Include all views in the circle and place a large blue arrow within the circle indicating the long axis of the tooth and where the crown is pointing.

4. Outline every restoration in blue according to its outline or margins as you view it clinically from the occlusal, buccal, or lingual surfaces.

5. Fill in the interior blue outline of any amalgam restoration solidly in blue pencil.

6. Leave the interior of the blue outline of any “white or tooth-colored restoration” clear. Label the type of restoration, (composite, temporary filling,) in the “Other Findings” space. Label sealants with “S” on the occlusal surface view.

7. Outline every crown in blue according to its outline or margins as you view it clinically from the occlusal, buccal, or lingual surfaces.

8. Fill in the interior of any gold restoration or non-precious metal (gold inlay, FGC, gold foil, SSC) with slanting blue parallel lines. Label in Other Findings.

9. Fill in the interior of any part of a crown which is gold with blue slanting parallel lines; leave any “white or tooth colored” part of the crown with only the blue outline, (MCR). For porcelain or ceramic type crowns outline in blue only, since there isn’t any metal coping inside the crown.

10. If a tooth is missing and replaced by a fixed bridge, draw a “X” through the buccal and lingual root views only in blue. Draw the pontic in the same manner as a crown. Connect the abutments and the pontic with parallel lines at the occlusal view (for posterior bridges) and the lingual view (for anterior bridges). Mark the connecting parallel lines according to the material used in the bridge.
11. Mark any root canal fillings in blue as they appear radiographically on the buccal view only. Also draw and label the access restoration material used for the tooth.

12. For a dental implant, draw a blue rectangle with slanting blue parallel lines to indicate metal on the root surface of the tooth on the buccal view only.

13. Draw open contacts with two blue parallel lines between the two teeth and extending the lines through all three views of the tooth. Measure and note the width of the diastema to the closest millimeter. Record this measurement on the buccal view only.

14. Mark drifted or repositioned teeth with two blue arrows, on the buccal and lingual views indicating the new position of the tooth. For extruded teeth or unusual drifting, make a statement about it in the “Other Findings” space.

15. Mark rotated teeth with a red arrow in the direction of the rotation around the occlusal view only.

16. Draw an overhang on the buccal view only as an extension in blue pencil of your drawing of the restoration exactly as it appears either clinically or radiographically. Circle the blue overhang in red pencil.

17. Mark carious lesions in red pencil as they appear clinically. If a lesion is seen interproximally on a radiograph only, then draw the lesion as a chevron (>) on the buccal view of the tooth only.

18. Draw open or carious margins of restorations in red pencil where you see them on the tooth.

19. Draw any periapical radiolucency as it appears on the radiograph and color in solidly in red pencil on the buccal view only.

20. Outline any other pathology seen radiographically in red, identify it with a number within or near your outline and describe the lesion in “Other Findings” prefixed by your identifying number.

21. Draw fractured, missing parts of a tooth with a red line along the fracture site.

22. Fractured or missing parts of a tooth that have become carious on the fracture site would be colored in solid red pencil.
23. Indicate excessive wear, abrasion, or any condition localized to individual teeth in the “Other Findings” space.

24. For generalized conditions, use the space marked “Comments” at the bottom of the page.

25. Draw abnormal gingival architecture as accurately as possible with detail to clefts, recession, and the interproximal contour, using the red pencil. Do not draw normal gingival contour. Draw a line indicating the mucogingival junction in blue pencil on the root surface, the proper distance from the CEJ and the free gingival margin in these areas of abnormal gingival architecture only. Remember, the lines on the root surface views indicate 2 mm increments.

26. Mark clinical furcation findings with an open triangle (▲) in the furcal area and record the extent of furcation involvement with the Arabic number 1, 2, 3, 4 under the open triangle.

27. Mark high muscular frenum attachment in the approximate location with a “v” shaped line in red pencil.

28. Write in areas of food impaction on the slanted lines indicating “Other Findings”.

29. Mark mobility in Roman Numerals (I, II, III) on the buccal view of the crown of the tooth in red pencil.

30. Record all sulcular depths of 1-3 mm in the appropriate space in blue pencil. Record sulcular measurements 4 mm or greater in red pencil. Circle the corresponding probing depths of any bleeding points in red pencil.

31. Indicate any exudates, food impactions, etc. in “Other Findings.”

32. Classify the occlusion according to Angle’s system and record in the “Comments” section. Also record Overjet, Overbite, Open bite, and Crossbites in the “Comments” section.

33. Do not mark any treatment suggestions on this charting form, e.g. do not mark teeth to be extracted with two vertical parallel blue lines.