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ADDRESS_PHONE NUMBER_CURRENT TEAM_	(s	treet)		(num	nber)					(city	y) _			_(PC					_(country
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CURRENI IEAM		COUNI													DENIIS) l			
			2.	DEN	ITAL	HIS	TORY	′ (fill	ed k	by a	athle	te)							
Last visit to Dentist: 0-6 months_	_ 6-12	month	s >	1 yec	ar	<u>Der</u>	<u>ntal c</u>	hec	:kup	os fre	eque	ency	<u>/</u> : 1/y	ear_	_ 20	or more/	year_	<	1 year
Past dental treatments: fillings_									:S	SU	ırgeı	y	_ im	plant		periodo	ntal_	_	
dentures Allergies/intolerance to medica																			
Have you ever experienced: jar	w injury	Yes	/ no	spe	ecify:										_				
Diet: sodas, lollipops, sports drink	s (num	ber pe	r day)_		Smo	oking	g/che	ew t	obc	acco	o (tir	nes	per c	day)_		Alcohol	drink	s per	day
MOUTHGUARDS: yes / no type										oite_		00	cclus	al spl	int: ye	es / no			
Do you wear or	ie: aiw	ays	SOI	neiin	nes		nev	er					•						
How often you had the following pr						Ve	ery of	len		Fairly	ofte	n	Occ	casior	ally	Hardly	ever	!	Never
Have you had difficulty chewing a with your teeth, mouth, dentures, o		s beca	use of p	robie	ems														
Have you had painful aching in yo	ur mout																		
Have you felt uncomfortable abou	ıt the ap	peara	nce of y	your															
teeth, mouth, dentures, or jaws? Have you felt that there has been	less flavo	or in voi	ır food	heco	nuse														
of problems with your teeth, mouth				5000	1030														
Have you had difficulty doing your		bs bec	ause of	prob	lems														
with your teeth, mouth, dentures, o	or Jaws?																		
		3.	INITIAL	DE	ENTAI	L E	XAM	INA [®]	10IT	ااif) ا	led l	by d	entis	†)					
																	0\	/ERAL	L SCORE
Negative on Temperature									-										
Positive on Percussion Positive on Pressure									-										
Demineralization									-										
Erosion									-										
Abrasion Attrition									-									_	
ICDAS (0 to 6)									-										
Eden-Baysal Dental Trauma Index																			
DMFT (Decayed-Missing-Filled Teetl		1.7	1./	1.5	1.4	10	10	11		01	00	02	0.4	٥٢	07	0.7	00		
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Negative on Temperature Positive on Percussion																			
Positive on Pressure																			
Demineralization Fraction									-										
Erosion Abrasion									-	-									
Attrition																			
ICDAS (0 to 6)										$-\Gamma$									
Eden-Baysal Dental Trauma Index DMFT (Decayed-Missing-Filled Teet	h Index)																		
Divini (Bood) od Wilssing Fillod Teer																	OV	FRAII	SCORE

Chart symbols to be filled on each tooth in presence of: filled teeth (•), missing teeth (x), devitalized teeth (I), infectious teeth (abscess O), crowned teeth (prosthetics U), cracked teeth (/)

					4.	PERIC	DONTA	L SC	CREENII	VG (fille	d by d	entis	t)						
																	0\	/ERALL S	SCORE
BOP (yes/no)																			
PI Quigley & Hein Plague Index																			
score 0 to 3 Loe & Silness Ginvival Index																			
score from 0 to 3																			
Recession																			
Mobility																			
PPD (mm) B																			
FFD (mm) L	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	_		
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38			
PPD (mm) B																			
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Oral Cancer Screen	n No	ormal	Abnorm	nal		Notes			Floor	of moutl	h No	rmal	Abnormal			No	tes		
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Lips									Saliva		pН	l: P	G	Do		OW:		min	s (C)
Tongue Throat/neck									Diagr	0515		Ρ	U	Pe	riodont	.IUS (P,) / GII	igiviti	S (G)
Cheeks																			
					5 MI	ISCUI	OSKELE	-TAI	SCRFF	NING (fi	lled by	/ den	tist)						
	bo fac	o an	d/or to	mplo			OSKELE			NING (fi				at lina	itation	6: VOC	/ n/	2	
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Reported pain in t	alpatio	<u>on:</u> ye), P	<u>s:</u> yes / ain on 1	/ no, [MJ p e	TMJ r alpatio	noise: 1: yes	yes / r / no		andibu	ılar m				<u>s:</u> yes	/ no	Ο,	
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ELIGIBILITY TO PRACTICE SPORTS: YES / NO