



PERKHIDMATAN KESIHATAN PERGIGIAN NEGERI SELANGOR  
BORANG RUJUKAN PERIODONTIK

|   |   |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
|---|---|--|--|--|--|--|--|--|---|--------------------------|-------|---|--------------------------|-------|
| Kepada:   |   |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| Tarikh Rujukan:   | <input type="checkbox"/> Segera   | <input type="checkbox"/> Tidak Segera  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| Nama Pesakit:   | No Pendaftaran:   |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| Umur:                      Jantina:   | No Kad Pengenalan:  |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| Aduan:  |   | Tabiat Merokok:<br><input type="checkbox"/> Ya<br><input type="checkbox"/> Tidak |  |  |  |  |  |  |   |                          |       |   |                          |       |
| Riwayat Perubatan: * Sihat / Mempunyai masalah perubatan<br><input type="checkbox"/> <i>Bleeding Disorder</i> <input type="checkbox"/> <i>Diabetes Mellitus</i> <input type="checkbox"/> <i>Ischaemic Heart Disease</i> <input type="checkbox"/> <i>Congenital Heart Disease</i><br><input type="checkbox"/> <i>Liver Disease</i> <input type="checkbox"/> <i>Hypertension</i> <input type="checkbox"/> <i>Renal Disease</i> <input type="checkbox"/> Lain lain: _____  |   |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| Pemeriksaan di dalam mulut:   | Pemeriksaan Periodontium:<br>Skor <i>BPE</i> :<br><table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> </tr> <tr> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> <td style="width: 33px; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  | Pemeriksaan Implan (6-poin):<br>Poket paling dalam di:<br><table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">+</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>&lt; 6mm</td> </tr> <tr> <td style="text-align: center;">+</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>≥ 6mm</td> </tr> </table> | + | <input type="checkbox"/> | < 6mm | + | <input type="checkbox"/> | ≥ 6mm |
|   |   |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
|   |   |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| +   | <input type="checkbox"/>  | < 6mm  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| +   | <input type="checkbox"/>  | ≥ 6mm  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| <i>Differential Diagnosis:</i><br><input type="checkbox"/> <i>Gingival Diseases</i> <input type="checkbox"/> <i>Periodontitis</i> <input type="checkbox"/> <i>Periodontal Abscesses/ Endo-Perio Lesions</i><br><input type="checkbox"/> <i>Periodontitis as a Manifestation of Systemic Disease</i> <input type="checkbox"/> <i>Traumatic Occlusal Forces</i><br><input type="checkbox"/> <i>Mucogingival Deformities</i> <input type="checkbox"/> <i>Alveolar Ridge Deformities</i> <input type="checkbox"/> <i>Short Crown Height/Crown Lengthening</i><br><input type="checkbox"/> <i>Peri-Implant Diseases</i> <input type="checkbox"/> <i>Peri-implant deformities &amp; Condition</i> <input type="checkbox"/> <i>Dental Implant</i><br><input type="checkbox"/> Lain lain: _____ |   |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| Rawatan yang diberi / Tujuan rujukan:   |   |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| Tandatangan:  |   |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| Nama:   |   |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| Jawatan:  |   |  |  |  |  |  |  |  |   |                          |       |   |                          |       |
| Cop Rasmi Pegawai:  |   | Tempat Bertugas:   |  |  |  |  |  |  |   |                          |       |   |                          |       |