

PST™ RECORD FOR EACH TOOTH

Name of Patient: _____

Tooth Number: # _____

Date of Surgery: ____/____/____

Surgery start time: ____:____ AM/PM

Surgery end time: ____:____ AM/PM

PRE-SURGICAL CHECK LIST

- 1) Informed consent for root coverage
- 2) Review and update medical health history
- 3) Review post-op instructions
- 4) Pre-Operative Photos
- 5) Study models
- 6) Pre-op rinsing (1 minute)
- 7) Pocket measurement of quadrant(s) involved
- 8) Measurement of each tooth needing root coverage
 - a) Unattached gingiva: ____mm
 - b) Attached gingiva: ____mm
 - c) Keratinized gingival (add a +b): ____mm
 - d) Thickness (approx): ____mm
 - e) Gingival recession (Marginal gingival to CEJ): ____mm
 - i) May use margin of restoration as CEJ
 - f) Tip of cusp to marginal gingival: ____mm
 - g) CAL: ____ (recession added to depth of unattached gingival)
 - h) Depth of recession: ____mm
 - i) Root restoration: ____mm
 - j) Root caries: ____mm
 - k) Root sensitivity: ____mm
- 9) Prescriptions given: _____
- 10) Post- Surgical kit:
 - a) Ice pack and instruction
 - b) Gauzes (small packet)
 - c) Warn patient not to brush
 - d) Review post-op instructions again
 - e) Patient given Dr. Chao's cell phone number

POST- SURGICAL CHECK LIST: FIRST DAY

- (1) Clinical appearance of face:
 - (a) Swelling: _____ (Mild, moderate, severe)
 - (i) Location : _____
 - (ii) Lymph node: _____
 - (iii) Hard of fluctuant (soft): _____
 - (iv) Hot/normal temperature: _____
 - (b) Coloration: _____
- (2) Bleeding: Yes or no
 - (a) None. If yes.....
 - (i) Location: _____
 - (ii) Nature: _____
 1. Persistent
 2. Intermittent
 3. Stops with pressure
- (3) Infection/Sloughing : _____ Yes or none
 - (a) Location: _____
 - (b) Extent: _____ mm horizontal
 - (c) Extent: _____ mm vertical
 - (d) Probable Cause : _____
- (4) Temperature: _____
- (5) Clinical appearance of surgical site: _____
 - (a) Swelling: _____
 - (b) Discoloration : _____
- (6) Subjective pain level
 - (a) Pain scale (0-10): _____ yesterday, today ____
 - (b) Pain medications taken:
 - (i) Name: _____ dosage: _____ quantity: ____
 - (ii) Name: _____ dosage: _____ quantity: ____
- (7) Post-Op photos

POST-SURGICAL CHECK LIST: FIRST WEEK

- (1) Clinical appearance of face:
 - (a) Swelling: _____ (Mild, moderate, severe)
 - (i) Location : _____
 - (ii) Lymph node: _____
 - (iii) Hard of fluctuant (soft): _____
 - (iv) Hot/normal temperature: _____
 - (b) Coloration: _____
- (2) Bleeding: Yes or no
 - (a) None. If yes.....
 - (i) Location: _____
 - (ii) Nature: _____
 - 1. Persistent
 - 2. Intermittent
 - 3. Stops with pressure
- (3) Infection/Sloughing : _____ Yes or none
 - (a) Location: _____
 - (b) Extent: _____ mm horizontal
 - (c) Extent: _____ mm vertical
 - (d) Probable Cause : _____
- (4) Temperature: _____
- (5) Clinical appearance of surgical site: _____
 - (a) Swelling: _____
 - (b) Discoloration : _____
- (6) Subjective pain level
 - (a) Pain scale (0-10): _____ yesterday, today ____
 - (b) Pain medications taken:
 - (i) Name: _____ dosage: _____ quantity: ____
 - (ii) Name: _____ dosage: _____ quantity: ____
- (7) Post-Op photos

POST-SURGICAL CHECK LIST: THIRD WEEK

- (1) Clinical appearance of face: _____
 - (a) Swelling: _____ (mild, moderate, or severe)
 - (b) coloration : _____
- (2) Clinical appearance of surgical site: _____
 - (a) Swelling: _____
 - (b) coloration : _____
- (3) Temperature: _____
- (4) Subjective pain level
 - (a) Pain scale (0-10): _____ yesterday, today _____
 - (b) Pain medications taken:
 - (i) Name: _____ dosage: _____ quantity: _____
 - (ii) Name: _____ dosage: _____ quantity: _____
- (5) Post-Op photos
- (6) Review brushing

POST-SURGICAL CHECK LIST: 6th WEEK

- (1) Clinical appearance of face: _____
 - (a) Swelling: _____ (mild, moderate, or severe)
 - (b) coloration : _____
- (2) Clinical appearance of surgical site: _____
 - (a) Swelling: _____
 - (b) coloration : _____
- (3) Temperature: _____
- (4) Subjective pain level
 - (a) Pain scale (0-10): _____ yesterday, today _____
 - (b) Pain medications taken:
 - (i) Name: _____ dosage: _____ quantity: _____
 - (ii) Name: _____ dosage: _____ quantity: _____
- (5) Post-Op photos
- (6) Review brushing

Measurements:

Tooth #: _____
Gingival recession: _____mm (CEJ to gingival margin)
Keratinized attached gingiva: _____mm
Unattached keratinized gingival: _____mm
Root sensitivity: (mild/moderate/ severe)
Root caries: YES/NO
Gingival inflammation: (mild/moderate/severe)
Thickness: _____mm

POST-SURGICAL CHECK LIST: 3 months

- (1) Clinical appearance of face: _____
 - (a) Swelling: _____ (mild, moderate, or severe)
 - (b) coloration : _____
- (2) Clinical appearance of surgical site: _____
 - (a) Swelling: _____
 - (b) coloration : _____
- (3) Temperature: _____
- (4) Subjective pain level
 - (a) Pain scale (0-10): _____ yesterday, today _____
 - (b) Pain medications taken:
 - (i) Name: _____ dosage: _____ quantity: _____
 - (ii) Name: _____ dosage: _____ quantity: _____
- (5) Post-Op photos
- (6) Review brushing

Measurements:

Tooth #: _____
Gingival recession: _____mm (CEJ to gingival margin)
Keratinized attached gingiva: _____mm
Unattached keratinized gingival: _____mm
Root sensitivity: (mild/moderate/ severe)
Root caries: YES/NO
Gingival inflammation: (mild/moderate/severe)
Thickness: _____mm

POST-SURGICAL CHECK LIST: 6 months

- (1) Clinical appearance of face: _____
 - (a) Swelling: _____ (mild, moderate, or severe)
 - (b) coloration : _____
- (2) Clinical appearance of surgical site: _____
 - (a) Swelling: _____
 - (b) coloration : _____
- (3) Temperature: _____
- (4) Subjective pain level
 - (a) Pain scale (0-10): _____ yesterday, today _____
 - (b) Pain medications taken:
 - (i) Name: _____ dosage: _____ quantity: _____
 - (ii) Name: _____ dosage: _____ quantity: _____
- (5) Post-Op photos
- (6) Review brushing

Measurements:

Tooth #: _____
Gingival recession: _____mm (CEJ to gingival margin)
Keratinized attached gingiva: _____mm
Unattached keratinized gingival: _____mm
Root sensitivity: (mild/moderate/ severe)
Root caries: YES/NO
Gingival inflammation: (mild/moderate/severe)
Thickness: _____mm