

Patient:	John Smith
Age:	56
Gender:	Male
Height:	5'8"
Weight:	284 lbs
Vital Signs:	HR: 84 Respiratory rate: 16 Blood Pressure: 162/98 Temperature: 98.7 F
Chief complaint	Tooth Sensitivity and Mobility, Need for cleaning and radiographs
Medical Alert	Penicillin and Latex Allergy

Current Medications:

Vasotec (high blood pressure)
Aspirin (angina and coronary artery disease)
Topomax (migraines)
Albuterol (asthma)
Lipitor (high cholesterol)

Summary of Medical History

The patient is under the care of a cardiologist for chronic angina and coronary artery disease, a neurologist for migraines, and a primary care physician for sleep apnea, high blood pressure, and high cholesterol. He has been prescribed Vasotec for high blood pressure, but forgets to take it. He has moderate asthma and severe headaches (migraines). He gets severe chest pains upon exertion. Mild exercise leaves him short of breath. He gets fever blisters when under stress. His mother has Type II diabetes. He was hospitalized last year due to chest pains. He smokes cigarettes and cigars on a daily basis. He consume 1-2 beers a day. He is allergic to penicillin and latex.

Social History and Story:

The patient has been working in a very stressful environment for the past eight years. He is a divorced father of two. Throughout the years, he has turned to smoking, eating, and drinking in an attempt to cope with stress. He has gained an immense amount of weight resulting in both high blood pressure and high cholesterol. He has been prescribed medications, but does not take them regularly. He is a cigar smoker and smokes about one pack of cigarettes each day. He enjoys smoking and has no desire to stop.

Due to the patient's lifestyle, angina has become a recurring problem. He was recently diagnosed with Coronary Artery Disease. He has an appointment with his cardiologist next week to set up a plan for treatment.

Dental History

The patient has not been to the dentist in over ten years. He has not made his dental health a priority, but is now having tooth sensitivity and mobility.

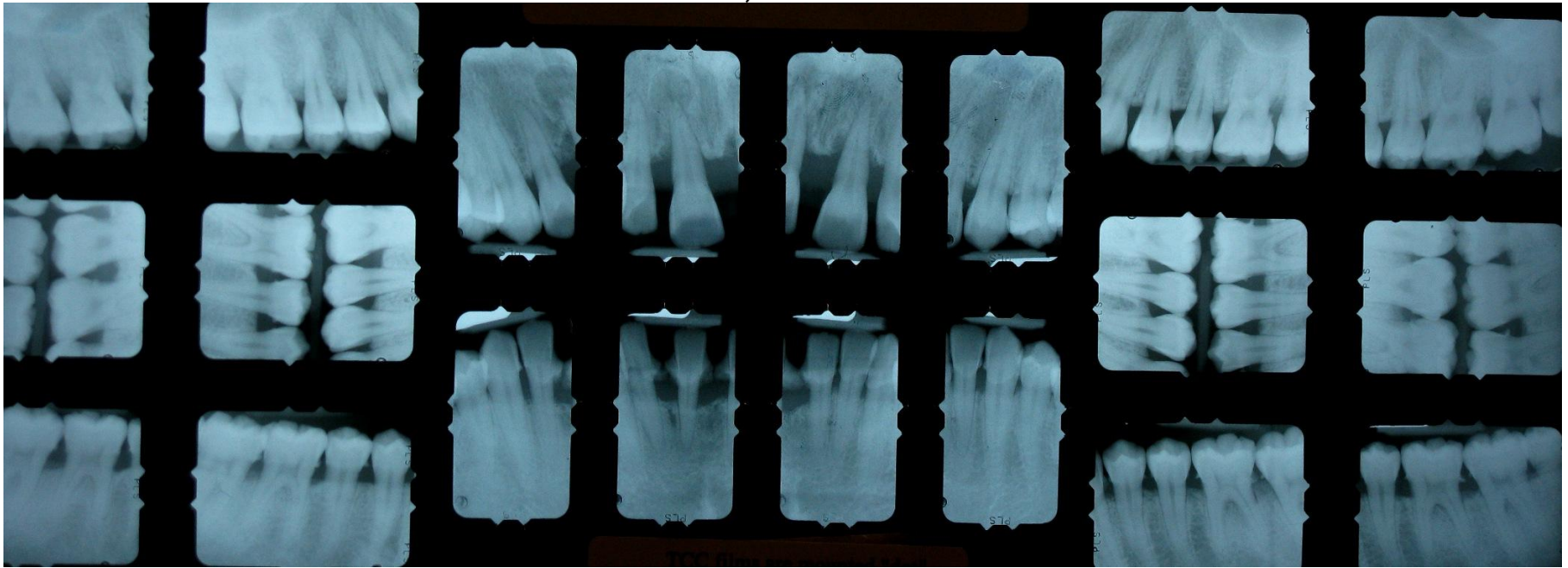
Additional Notes

He exhibits black hairy tongue as well as nicotine stomatitis.

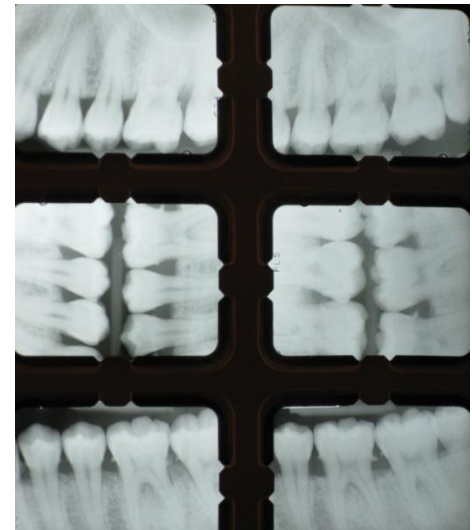
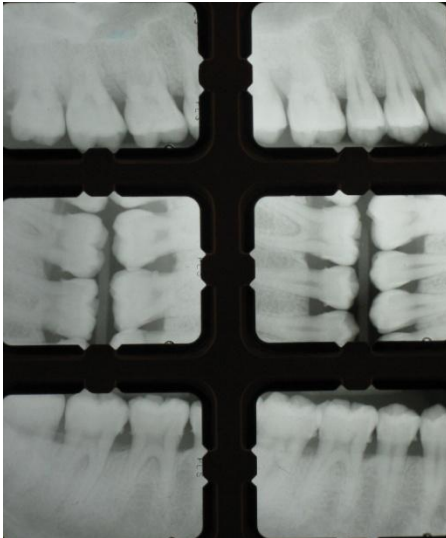
The patient has a difficult time getting around. He breathes heavily and perspires when walking short distances. He carries his inhaler with him at all times.

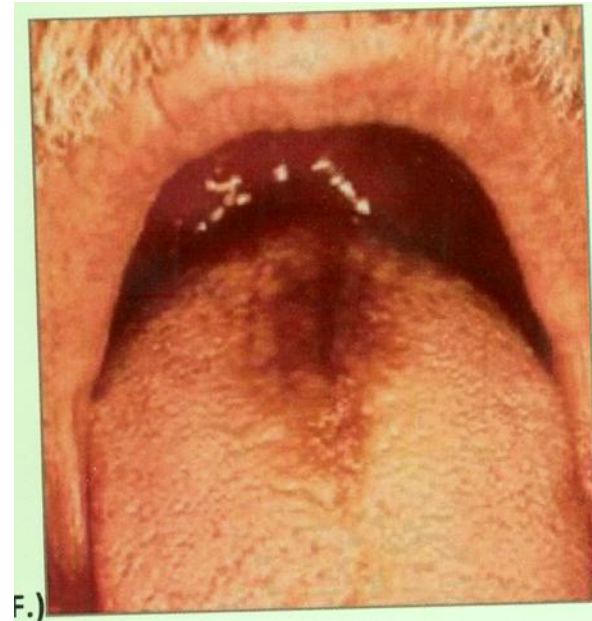
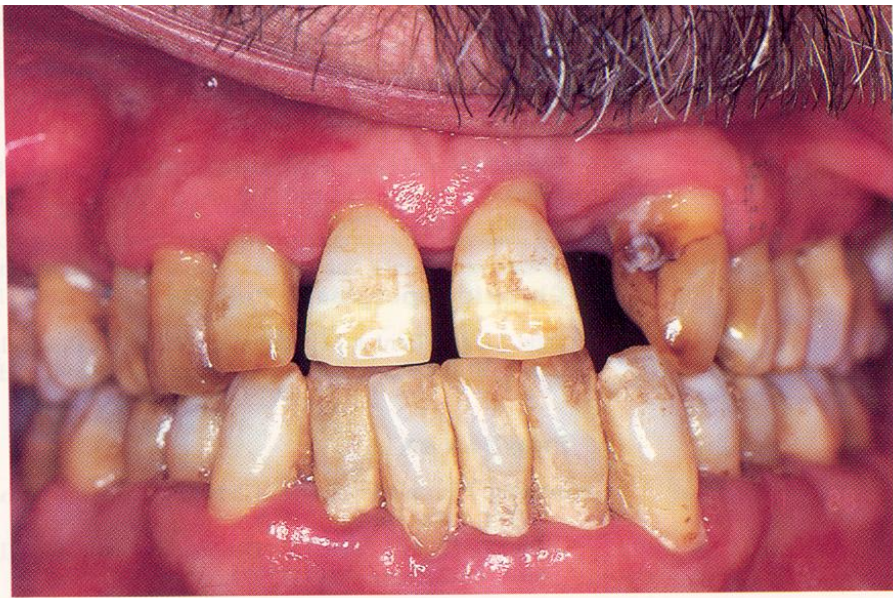
Radiographs

Bird, Earl E.



Right





Summary of Periodontal Status

Patient presents with generalized moderate to severe periodontitis evidenced radiographically by severe bone loss in the anterior region and moderate bone loss in the posterior region.

Furcation involvement is evident on numbers 3, 14, 18, 19 ,30, and 31.

Class II mobility is evident clinically on numbers 8, 9, 23, 24, and 25.

There is generalized recession of 1-3 mm.

The JE has migrated apically, as determined by pocket depths of greater than 4 mm generalized.

There is also slight bleeding on probing generalized, and papillary redness and enlargement on the maxillary anterior lingual and mandibular anterior region. There are generalized rolled, blunted margins, fibrotic texture in posterior regions and maxillary anterior facial aspects, and smooth and shiny texture on the maxillary anterior lingual and mandibular anterior lingual surfaces. The consistency is firm on the maxillary facial and mandibular posterior, and soft on the maxillary anterior lingual surfaces.