ORAL MALODOR
History/Treatment Plan/Special Investigations
Date: _______________________

Name: Age: Gender: ID No.: 

Is Oral Malodor associated with: - (1 to 8)

1. Diet:
   - Meat/fish
   - Fruit/veg
   - Grain/cereal
   - Dairy
   - Vegetarian
   - Vegan
   - FAD
   - Anorexia
   - Bulimia
   - Gourmandise
   - Other Habits

2. Odoriferous Foods:
   - Garlic
   - Onions
   - Leeks
   - Celery
   - Smoked
   - Alcohol
   - Tobacco
   - Chewing
   - Tobacco
   - Other Habits/Other

3. Health:
   - Upper respiratory tract diseases:
     - Sinusitis
     - Rhinitis
     - Pharyngitis
     - Tonsillitis
     - Laryngitis
     - Other Habits
   - Lower respiratory tract diseases:
     - Bronchitis
     - Bronchiectasis
     - Lobar
     - Abscess
     - Neoplasia
     - Blood

4. Physiology:
5. Pathology:
   - Food
   - Dehydration
   - Constipation
   - Menstruation
   - Morning breath
   - Starvation
   - Diarrhea
   - Liver
   - Kidney
   - Infections
   - Blood
   - G.I.T.
   - Other: Specify _____________

6. Oral Condition:
   - Plaque
   - Caries
   - Periodontitis
   - Pericoronitis
   - Peri-implantitis
   - ANUG
   - Calcification
   - Saliva flow
   - Subgingival
   - full
   - partial
   - Dentures
   - Bridges
   - fixed
   - removable
   - Orthodontic appliances
   - Mucosal condition
   - Palate
   - Sulcus
   - Habits
   - Orthodontic appliances
   - Quality
   - Neoplasia
   - Salivary glands

7. Psychological and social:
   - aware
   - unaware
   - concern – score below VAS
   - delusional
   - indifferent – score below VAS

   informed by others? Yes/No Who? ____________________________

   Score 1-10 Visual- Attitude-Scale. VAS
   □ Indifferent: 1………2…….3…….4………5…….6…….7………8…….9………10: □ Over-concerned

8. Patient commitment:
   - YES/NO Does patient wish to reduce problem?
   - YES/NO Does patient realize what treatment is involved?
   - YES/NO Can patient afford time and frequency of appointments?
   - YES/NO Has patient made arrangement to meet professional obligation?
9. Presumptive Diagnosis:
   - OZOSTOMIA primary
   - STOMATODYSODIA primary
   - HALITOSIS primary
     - physiological
     - pathological
     - psychological
   - FETOR EX ORE primary

10. Definitive Diagnosis and comment:

Summary:
MALODOR ASSESSMENTS: Visual analog scale by operator and patient

<table>
<thead>
<tr>
<th>Date</th>
<th>Operator</th>
<th>Patient</th>
<th>Halimeter®: Volatile Sulfur Compounds * (ppb)</th>
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<tbody>
<tr>
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<td>MID-TREATMENT:</td>
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<tr>
<td>POST-TREATMENT:</td>
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none worst none worst

SEE TREATMENT PLAN FOR CLINICAL MANAGEMENT

Oral Malodor investigations

1. IARTI/PSR/CPITN
2. PI and BI
3. Full mouth radiographs
4. Periodontal workup and treatment
5. Decay: cavity definition
6. Restorations and prosthetic inspections
7. Tooth assessment and occlusal analysis
8. Vitality tests – non vital pulps
9. i) Culture of bacteria
    ii) Antibiotic sensitivity testing
10. Occult blood analysis
11. * Volatile sulfur compound detection
12. Blood analysis
13. Kidney tests
14. Liver tests
15. Diabetes mellitus tests
16. Saliva analysis, buffering
17. Dietary analysis
18. Tobacco consumption assessment
19. Candida cultures
20. Bacterial infections
21. Oral Medicine Mucosal conditions

* See specific O.M. file
ORAL MALODOR TREATMENT PLAN

Diagnosis: ____________________________________________________________

Primary cause: ________________________________________________________________________________________________________

Secondary: ___________________________________________________________________________________________________________

Contribution: __________________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Diagnosis &amp; Area Problem</th>
<th>Treatment Plan</th>
<th>Apptmt.</th>
<th>Time</th>
<th>Complete</th>
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