A study on Teledentistry at the Division of Paediatric Dentistry , University of Peradeniya, Sri Lanka

1. Date of consultation

……..

2. The person who is communicating is

- Care giver
- Mother
- Father
- Patient
- Other :.....

2.1 Name of the caregiver/parent *

……

3. Contact number

……

4. Address

……
……

5.Education level of the parent/caregiver

- Degree
- A/L
- O/L
- Primary

6. Have you used telemedicine before ?

- Yes
- No

7. Have you used teledentistry before ?

- Yes
- No

7.1 if the response for question 07 was “yes” , please describe the previous experience: ……,,,,,,,,,,,,,

8. What is the preferred method of communication?

- Telephone call
- Video call
- Physical consultation

9. What other information were sent ?

- Photographs
- video clips
- radiographs / photos of radiographs
- medical records

10. What is the name of the patient?

……

11. Date of birth of the patient

……

12. Sex of the patient

- Male
- Female

13. What is the main complaint ?

- Pain
- Swelling
- Abscess
- Broken tooth after trauma
- Mobile tooth
- Bad smell
- Food packing in teeth
- Cavity
- Discoloration
- Irregular teeth
- Calculi

Other: - ……

14. Does the patient hold any medical history?

- Allergies
- Bleeding disorders
- Congenital anomalies
- Heart diseases
- Developmental disorders
- Epilepsy
- GI conditions
- Infective endocarditis risk
- Immune mediated conditions
- Kidney disease
- Liver disease
- Malignancy
- Organ transplantation
- Other

14.1 Medications (names, duration, dosages) :

15. Dental History

- None
- Restoration
- Extraction
- Scaling
- Orthodontic
- Surgery for dental treatment
- Other

16. Oral hygiene practices

a. Frequency of brushing: morning/ evening/both
b. Duration :
c. Type of toothpaste: fluoridated / non fluoridated
d. Tooth brushing done by : patient/care giver/ both
e. Type of tooth brush: kids/adult
f. Frequency of changing the brush : less than 3 month/ in 3 months/ when bristles are frayed/ not sure

17. Dietary practices: eating between main meals >3 times /3 times/ <3 times times / type of snacks preferred : fruits/nuts/yogurt/chocolate/toffee/ biscuit/……

18. Tentative Diagnosis

……
……

19. Care provided

- Oral hygiene instructions
- Analgesics
- Antibiotics
- Review
- Referral to a clinic

20. Any other comments:

……
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