

SUPREME COURT OF INDIA
ADMN.J. SECTION

F.No. 1/Circular/Med./2014-SCA(J)
Dated the 18th December, 2014

CIRCULAR

The Hon'ble Chief Justice of India expressing concern over the Dental Health of the Officers/Officials of the Supreme Court of India has decided to organize a Dental Health Check-up Camp through our Polyclinic and Maulana Azad Institute of Dental Sciences, New Delhi. The Dental Health Check-up Camp will be held on Saturdays, on 10th, 17th and 24th January, 2015 between 1000 hrs. to 1500 hrs. with prior online Registration for the Camp. Registration will solely be on the basis of first-cum-first-served basis. The Registration may be made on <http://10.25.78.11> by the Registry and over supnet.nic.in for the Officers/Officials posted at Hon'ble Judges residence. The timing slots for Dental Check-up camp as per online Registration is as follows :

DATE	TIME SLOT	REGISTRATION NO.
10/01/2015	10:00 – 10:45 AM	01 – 50
	10:46 – 11:30 AM	51 - 100
	11:31 – 12:15 PM	101 - 150
	12:16 – 01:00 PM	151 - 200
	01:01 – 01:15 PM	Lunch Break
	01:16 – 02:00 PM	201 - 250
17/01/2015	10:00 – 10:45 AM	251 - 300
	10:46 – 11:30 AM	301 - 350
	11:31 – 12:15 PM	351- 400
	12:16 – 01:00 PM	401 - 450
	01:01 – 01:15 PM	Lunch Break
	01:16 – 02:00 PM	451 - 500
24/01/2015	10:00 – 10:45 AM	501 - 550
	10:46 – 11:30 AM	551 - 600
	11:31 – 12:15 PM	601 - 650
	12:16 – 01:00 PM	651 - 700
	01:01 – 01:15 PM	Lunch Break
	01:16 – 02:00 PM	701 - 750

The Registration will start on 19th December, 2014 from 1000 hrs. and will close on 5th January, 2015 at 1500 hrs. After Registration Officers/Officials may report directly to Dental Check-up Camp's Help Desk on the day of their slotted date and time. All the Officers/Officials are requested to bring their Registration form in duplicate. The Officers/Officials who have already got their investigations done in the Camp going on are requested to fill up their report themselves in the forms available on net. The staff members who are not computer friendly may contact Computer Cell or may seek assistance from the Branch Officer of their Branch.



(N.K.Gandhi)

Additional Registrar (AJ)

Copy to:-

DR-cum-PPS to Hon'ble the Chief Justice of India/AR-cum-PPS to Hon'ble Judges.
All the Notice Boards and near the Bio-Matric Attendance Machines.
All concerned.



**CGHS DISPENSARY / SUPREME COURT OF INDIA
DENTAL SCREENING PROGRAM (By Maulana Azad Institute of Dental Sciences)**

Name: _____ **Employee Code No:** _____
Age: _____ **Sex:** _____
Marital Status: _____ **Educational Qualification:** _____
Address: _____

Chief Dental Complaint:

- * Pain * Bleeding for Gums * Caries * Staining
- * Denture * Foul smell

History of Presenting Illness:

Past Medical History:

Drug Allergy: Penicillin/NSAIDs/Sulfa Group/Others _____

Medical Illness: Hypertension/Vascular/Diabetes Mellitus Type-I/II/

TB/Others _____

Other Medications Administered: _____

Hospitalization/Blood Transfusion

Personal History:

Brushing: Once/ Twice

Method of Cleaning: Horizontal/Vertical/Both/ Circular

Aids Used: Toothbrush& Tooth Paste/ Any others: _____

Oral Deleterious Habits: Tobacco/Alcohol/Any Others _____

Tobacco Use History: _____

Past Dental History:

Dental Treatment Performed: _____

Last Visit: _____

Any relevant Dental History:

Extra Oral Examination: Lymph Nodes:

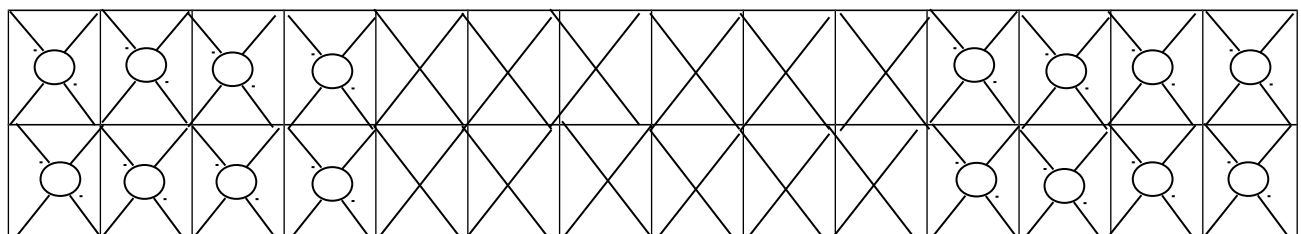
T.M.J:

Salivary Glands:

Intra Oral Examination:

Hard Tissue Examination:

17 16 15 14 13 12 11 21 22 23 24 25 26 27



47 46 45 44 43 42 41 31 32 33 34 35 36 37

Soft Tissue Examination:

Labial Mucosa: NAD/_____ **Alveolar Mucosa:** NAD/_____

Vestibular Mucosa: NAD/_____ **Buccal Mucosa:** NAD/_____

Floor of the Mouth: NAD/_____ **Tongue:** NAD/_____

Hard Palate: NAD/_____ **Soft Palate:** NAD/_____

Gingival Examination: NAD/_____ **Bleeding on probing:** Yes/No

Periodontal Examination: Stains: +/+/+/+ **Calculus:** +/+/+/+

Provisional Diagnosis:

Investigation:

Radiological: IOPA i.r.t _____

OPG/Occlusal/ Others _____

Blood: Hb/TLC/DLC/ESR/BT/CT/ **Sugar:** Fasting/PPBS

Any other: _____

Treatment Plan:

S.No	Treatment Advised

Date:

Signature:
Name: