

HEALTH RECORD

DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION

INITIAL SEPARATION OTHER (Specify)

2. TYPE OF EXAM.

1

2

3

4

3. DENTAL CLASSIFICATION

1

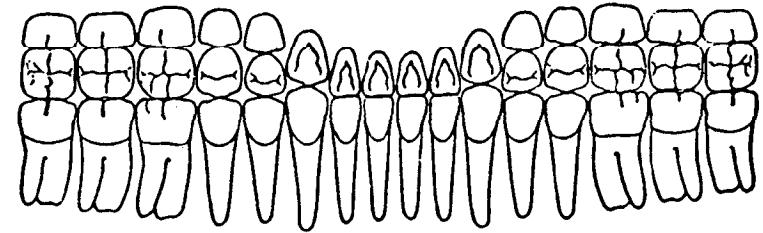
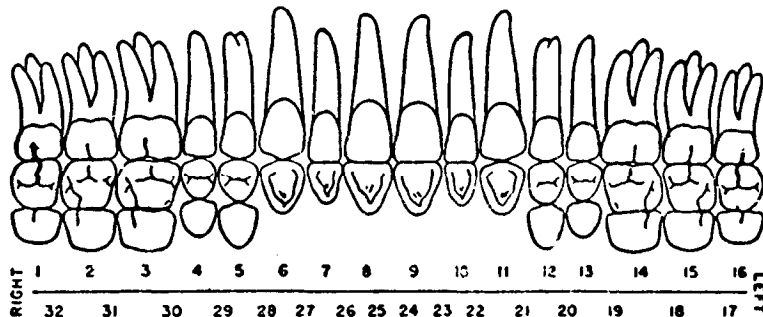
2

3

4

5

4. MISSING TEETH AND EXISTING RESTORATIONS



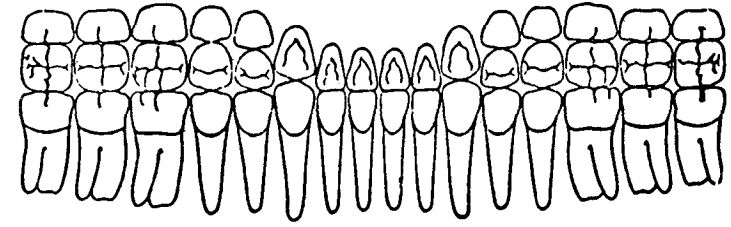
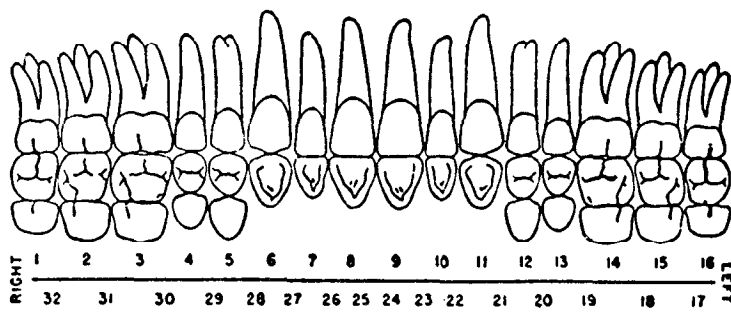
REMARKS

PLACE OF EXAMINATION

DATE

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

SLIGHT

MODERATE

HEAVY

B. PERIODONTOCLASIA

LOCAL

GENERAL

INCIPIENT

MODERATE

SEVERE

C. STOMATITIS (Specify)

GINGIVITIS

VINCENT'S

D. DENTURES NEEDED

(Include dentures needed after indicated extractions)

FULL

PARTIAL

U

L

U

L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

FULL MOUTH PERIAPICAL

POSTERIOR BITE-WINGS

OTHER (Specify)

DATE

PLACE OF EXAMINATION

SIGNATURE OF DENTIST COMPLETING THIS SECTION

SECTION II. PATIENT DATA

6. SEX 7. RACE 8. GRADE, RATING, OR POSITION 9. ORGANIZATION UNIT 10. COMPONENT OR BRANCH 11. SERVICE, DEPT., OR AGENCY

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME 13. DATE OF BIRTH (DAY—MONTH—YEAR) 14. IDENTIFICATION NO.

