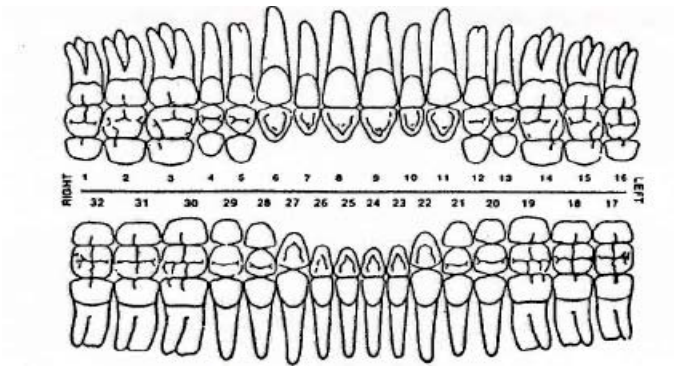
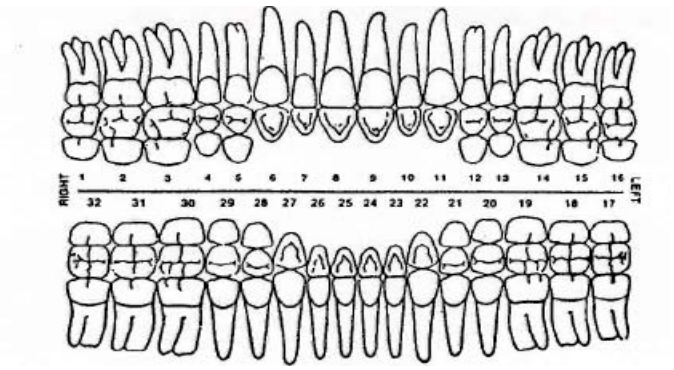
MEDICAL RECORD — DENTAL - CONTINUATION

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS *(Completed during service)*



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

Date		P	S	R
	Treatment Facility:			
	S: Exam / Sickcall / Chief Complaint:			
B/P:				
T:				
	O: Type _____ Exam; X-Rays: BW / PANO / PA			
	Health History Review:	***SEXTANT SCORE***		
Pulse:	***Head / Neck Exam:***			
	OCSE:			
	Other:			
Pain				
Level	***A: Carious Teeth:***	***Gingivitis: Acute / Chronic***		
0-10:	***Incipient:***	***Localized / Generalized***		
	Perio:	***Mild / Moderate / Severe***		
	Other:			
		Periodontitis: Acute / Chronic		
	P: Treatment Required: NO YES (see below)	***Localized / Generalized***		
	OHI / Prophy:	***Mild / Moderate / Severe***		
	Perio:			
	Surg:			
	Oper:			
	Endo:			
	Prosth:	***Dental Class (circle one): I II III***		
	PT Informed:			
	Dental Officer Stamp/Signature:			

I have been informed of the benefits, risks and alternatives (including no treatment) of the treatment plan outlined above, and I give my consent to receive this dental treatment and any associated dental anesthesia.

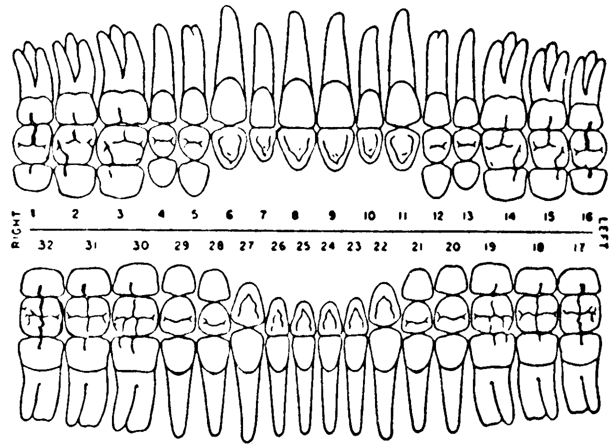
_____ _____

Patient Signature ***Date***

PATIENT'S NAME (*Last, First, Middle Initial*)			Sex
SSN	**Rank/Grade**	**Date of Birth**	**Status**

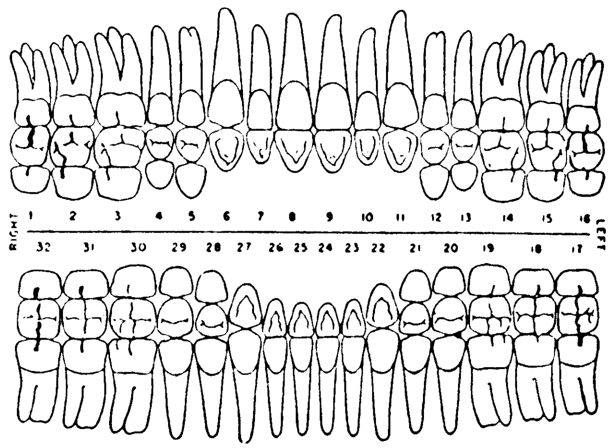
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



REMARKS

16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

IDENTIFICATION NO.

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