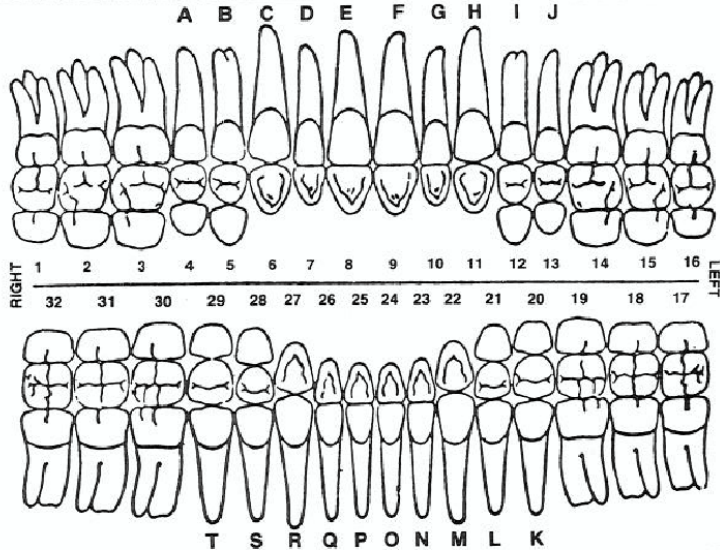


HEALTH RECORD	DENTAL
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SECTION I. PRESENTING DENTAL STATUS PAGE: 1

1. PURPOSE OF EXAMINATION			2. TYPE OF EXAM				3. DENTAL CLASSIFICATION			
INITIAL	SEPARATION	OTHER (Specify)	1	2	3	4	1	2	3	4

4. MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES

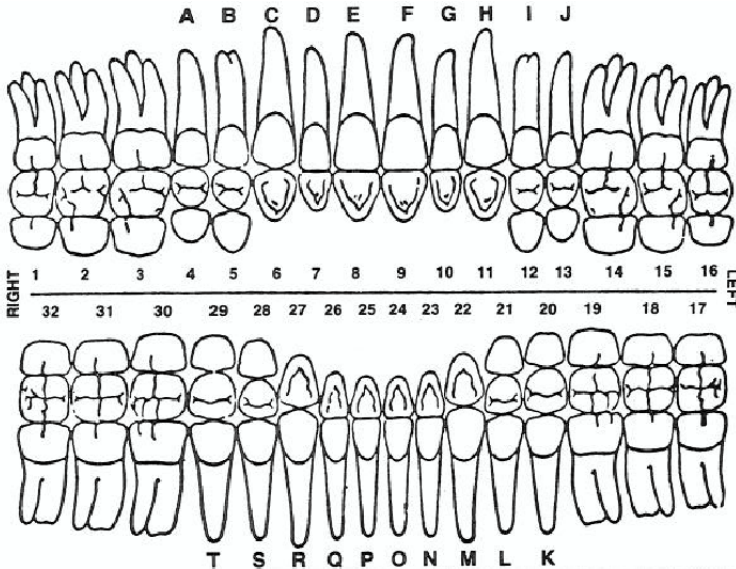


REMARKS

USE ONLY IF DIFFERENT FROM BOX 7 BELOW

PLACE OF EXAMINATION	DATE
SIGNATURE OF DENTIST COMPLETING THIS SECTION	

5. DISEASES AND ABNORMALITIES



REMARKS

6. INDICATE X-RAYS USED IN THIS EXAMINATION

PANORAMIC RADIOGRAPHS	FULL MOUTH PERIAPICAL	POSTERIOR BITE-WINGS	OTHER:	NONE TAKEN
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7. EXAMINING DENTIST AND FACILITY

PLACE OF EXAMINATION	DATE
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SIGNATURE OF DENTIST

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)			PATIENT'S NAME (Last, First, Middle Initial)			SEX
DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT STATUS	DEPART SERVICE			
SPONSOR'S NAME			RANK/GRADE			
SSN OR IDENTIFICATION NO.			ORGANIZATION			

