

## ORAL EXAMINATION REPORT



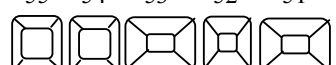
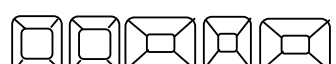
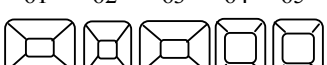





(All sections must be completed)

**Please complete all details for your advantage;**

### SECTION A – PARTICULARS OF THE EXAMINEE

Name	Date of Birth (DD/MM/YY)	Sex
Examination Date (DD/MM/YY)	Policy No.	
If group insurance, name of the Policy Holder		

### SECTION B – EXAMINING DENTIST'S REPORT

1. Have any dental X-rays been taken during this examination? If "Yes", please describe nature of X-rays and reason for taking such:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Please describe general condition of dentures (if any):		
3. Other abnormalities or observations: please specify		
4. Diagrammatic Report on Oral Examination (as per symbols and colors overleaf)		
18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28	
		
55 54 53 52 51  	61 62 63 64 65  	
85 84 83 82 81 	71 72 73 74 75 	
48 47 46 45 44 43 42 41 	31 32 33 34 35 36 37 38 	

Name of Dentist: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_







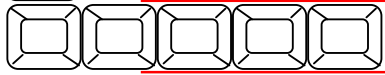

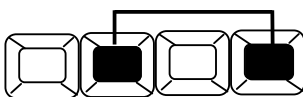
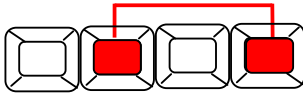

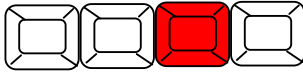

E-mail: \_\_\_\_\_

Signature of Dentist \_\_\_\_\_

Date: \_\_\_\_\_

**Examination Reporting Code:**

1. Please record finding of your examination (including X-rays) on the report form overleaf with the following symbols and colors:

Tooth previously extracted		RED
Tooth Now requiring extraction		RED
Previous filling – in sound condition		BLACK
Previous filling – now requires attention		RED
Cavity requiring filling		RED
Root abscesses		RED
Gingivitis		RED
Periodontitis		RED
Bridge (in sound condition)		BLACK
Bridge requiring attention		RED
Crown – in sound condition		BLACK
Crown – requiring attention		RED
Wisdom teeth impacted		RED

2. Please mark position of artificial teeth currently on dentures as per illustration:

	BLACK
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