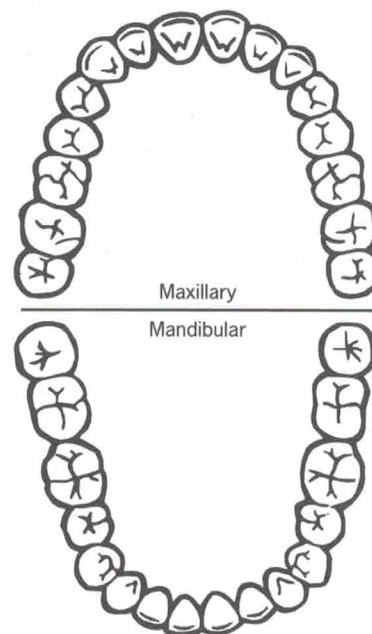


EXAMINATION AND TREATMENT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



a	b	c	d	e	f	g	h	i	j
t	s	r	q	p	o	n	m	l	k

MEDICAL ALERTS

Periodontal Health _____

Previous Periodontal Treatment? _____

	Good	Fair	Poor	Severe
Plaque	1	2	3	4
Inflammation	1	2	3	4
Calculus	1	2	3	4
Stain	1	2	3	4
Oral Hygiene	1	2	3	4

TEETH	MOULD		SHADE	
	UPPER	LOWER	UPPER	LOWER
CENT.				
LAT.				
CUSP.				
POST.				

IDENTIFICATION

Face/Neck/Glands _____

Lips/Cheeks _____

Palate/Pharynx _____

Floor of Mouth/Tongue/Frenum _____

General Condition of Teeth _____

Condition of Restorations _____

Overhangs _____

Open Contacts _____

Food Traps _____

Occlusion/Interferences _____

Previous Orthodontics _____

SMILE EVALUATION

Abrasions _____

Recession _____

Incisal Wear _____

Tooth Color _____

Tooth Shape _____

Summary of Treatment _____
