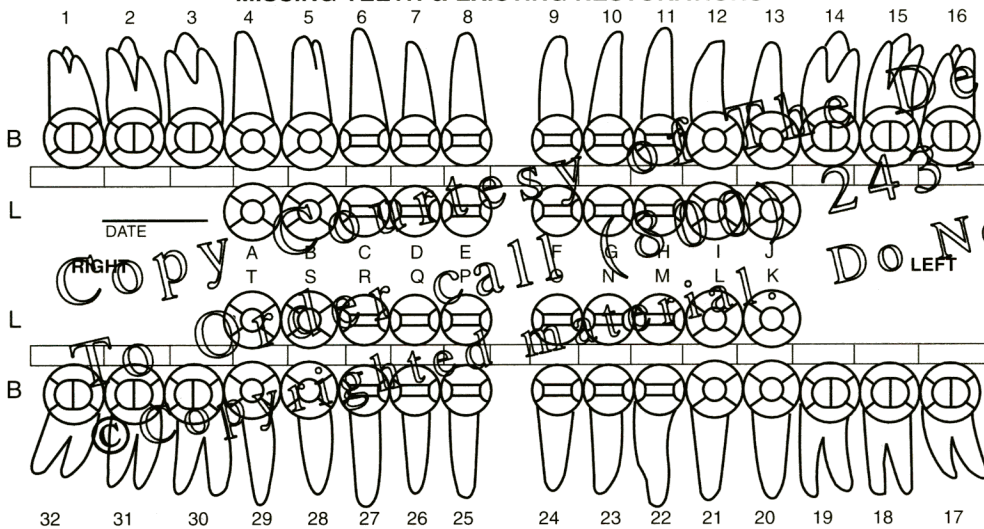


PATIENT NUMBER

PATIENT'S NAME _____ RHEUMATIC FEVER _____ ALLERGIES _____ AIDS _____ HEPATITIS _____ HEART COND. _____ MEDICATION _____ ANESTHETIC _____ BLOOD PRESSURE _____ PULSE _____
 Last First Initial

MISSING TEETH & EXISTING RESTORATIONS



PATIENT'S CHIEF COMPLAINT

EXISTING X-RAYS _____ **DATE** _____

BW _____
 PAN _____
 FMX _____
 PA _____

PROSTHESIS EVALUATION

TYPE OR AREA _____ **DATE INSERTED** _____

OCCUSION _____ **EVALUATION** _____

TMJ EVALUATION

Right: Crepitus Snapping/Popping
 Left: Crepitus Snapping/Popping

Tenderness to Palpation: _____
 TMJ: Right Left

Muscles: _____
 Deviation on Closing: _____ mm
 Maximum Opening: _____ mm

COMMENTS:

 Treatment Schedule

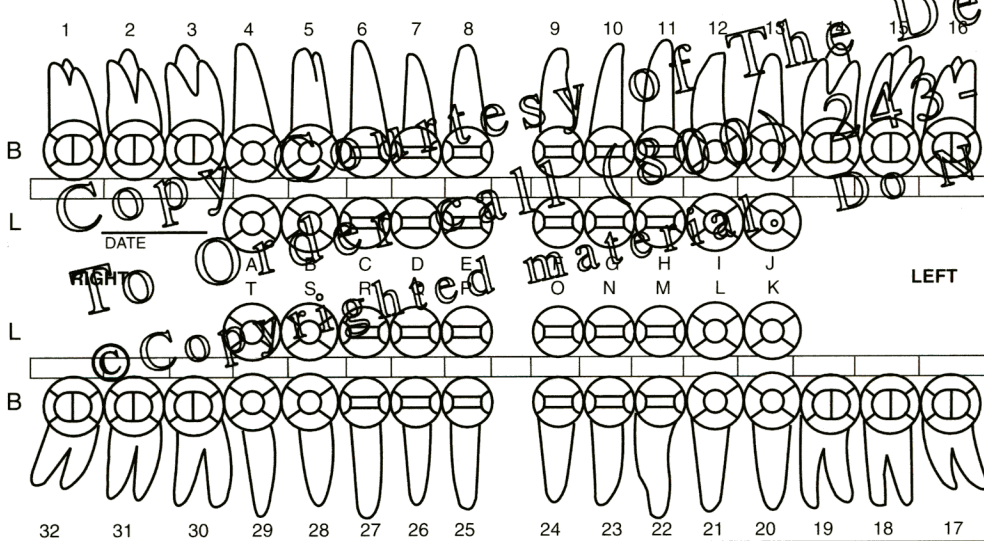
SOFT TISSUE EXAMINATION OK

- LYMPH NODES
- SKIN
- TMJ
- LIPS
- BUCCAL MUCCOSA
- VESTIBULES
- TONGUE
- FLOOR OF MOUTH
- HARD PALATE
- SOFT PALATE
- PHARYNX
- TONSILS
- GINGIVA

COMMENTS:

ORAL HYGIENE EXCELLENT GOOD FAIR POOR
 CALCULUS NONE LITTLE MODERATE HEAVY
 GINGIVAL BLEEDING LOCALIZED GENERAL NONE
 PERIO EXAM YES NO

CONDITIONS / TREATMENT INDICATED



SIGNATURE OF DENTIST

CLINICAL EXAMINATION