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(800) 243-4675

PATIENT NUMBER

PATIENT'S NAME ______ Last ______ First ______ Initial ______ Date of Birth ______

Date ______ Hygienist ______ Dr. ______

X-Rays ______ BW ______ PAN ______ FMX ______ PA ______

PRESENT CONDITIONS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

B

L

RIGHT A B C D E F G H I J LEFT

T S R Q P O N M L K

L

B

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Regional Exam	Soft Tissue		HYG INS
☐ Head & Neck	☐ Lips	☐ Pharynx	TBI ______
☐ Skin	☐ Cheeks	☐ Floor	Floss ______
☐ TMJ	☐ Palate	☐ Tongue	Hyg aids ______
			FL ______

Pulse BP

DISEASE CONTROL PROGRESS — Plaque, Calculus, Bleeding

NO.	PROBLEMS

COMMENTS: ______ Treatment Schedule ☐

IS THERE ANY CHANGE IN MEDICAL HISTORY OR MEDICATION? YES ☐ NO ☐ (Enter below or on the Medical History Update Form)

CONDITION	MEDICATION	DOSAGE	DATE

ANEST.

I certify that the above information is complete and accurate.

PATIENT'S OR GUARDIAN'S SIGNATURE ______ DATE ______

MED. ALERT

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Regional Exam: ☐ Head & Neck ☐ Skin ☐ TMJ
Soft Tissue: ☐ Lips ☐ Pharynx ☐ Cheeks ☐ Floor ☐ Palate ☐ Tongue
HYG INS: TBI ______ Floss ______ Hyg aids ______ FL ______

Pulse BP

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