

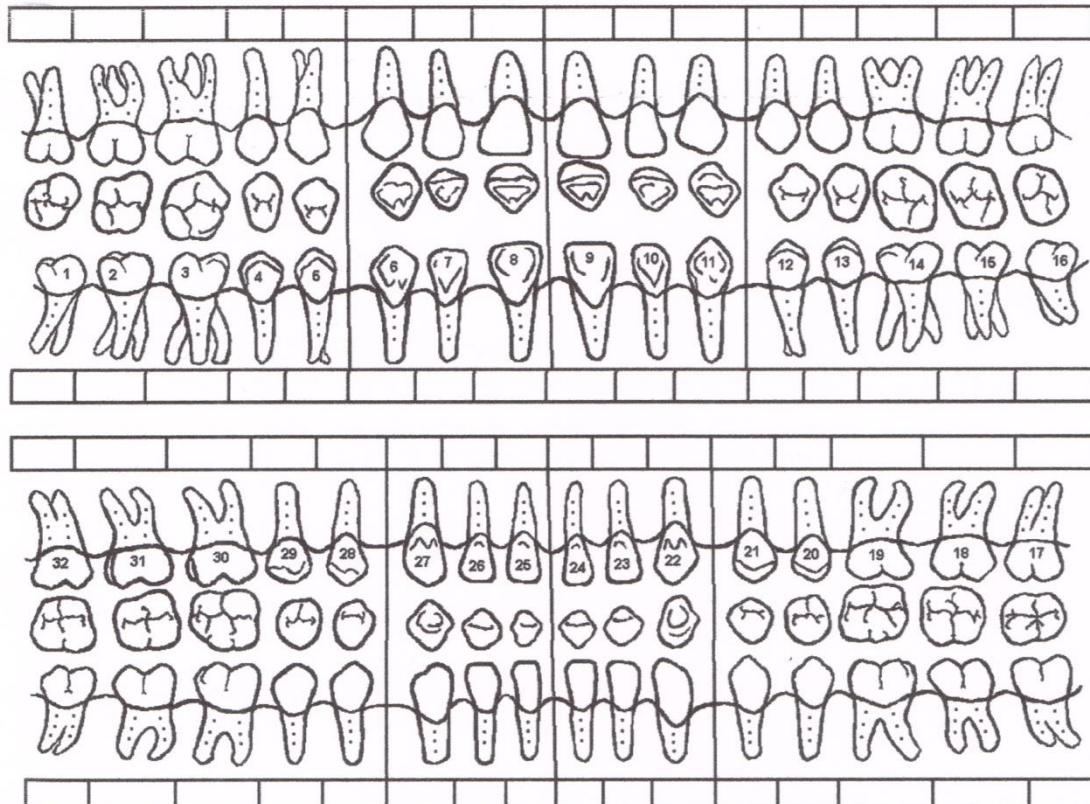
Name: _____ Date: _____

BP: _____ Pulse: _____	<input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Pregnancy	Medications 	Allergies
Date: _____ BP: _____ Pulse: _____ Med Hx changes: <input type="checkbox"/> PA # _____ <input type="checkbox"/> Impressions <input type="checkbox"/> Anesthetic: _____ <input type="checkbox"/> Laser <input type="checkbox"/> Lab slip	Date: _____ BP: _____ Pulse: _____ Med Hx changes: <input type="checkbox"/> PA # _____ <input type="checkbox"/> Impressions <input type="checkbox"/> Anesthetic: _____ <input type="checkbox"/> Laser <input type="checkbox"/> Lab slip	Date: _____ BP: _____ Pulse: _____ Med Hx changes: <input type="checkbox"/> PA # _____ <input type="checkbox"/> Impressions <input type="checkbox"/> Anesthetic: _____ <input type="checkbox"/> Laser <input type="checkbox"/> Lab slip	FINDINGS <input type="checkbox"/> Gingivitis / Periodontitis <input type="checkbox"/> Early-Stage Cavities <input type="checkbox"/> Cavities <input type="checkbox"/> Tooth Infection # _____ <input type="checkbox"/> Bruxism <input type="checkbox"/> TMD <input type="checkbox"/> Impacted Wisdom Teeth <input type="checkbox"/> Broken Tooth # _____ <input type="checkbox"/> Cracked Tooth # _____ <input type="checkbox"/> Dry Mouth (xerostomia) <input type="checkbox"/> Soft Tissue _____

<input type="checkbox"/> Pano <input type="checkbox"/> BW x _____ <input type="checkbox"/> FMS <input type="checkbox"/> PA x _____ Teeth # _____ <input type="checkbox"/> Extraoral Photos <input type="checkbox"/> Intraoral # _____ # _____ # _____ # _____ # _____ <input type="checkbox"/> Full Cosmetic Series	OH: E G F P TMJ: <input type="checkbox"/> deviation <input type="checkbox"/> sounds <input type="checkbox"/> pain <input type="checkbox"/> ltd opening Molar Class _____ Overbite: _____% Overjet: _____mm Midline: _____mm R/L Crossbite: _____ Mobility # _____ Fremitus # _____ Percussion sensitive # _____
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Notes:

Each dot on tooth root represents 2mm recession.



Existing
Defective
Caries