

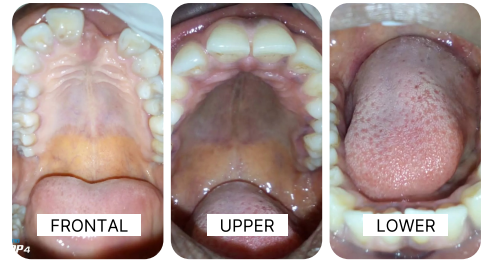
Name
JOE DOLAPO

Age | Gender | Brushing Habits | Dentist Visit
30 | MALE | TWICE DAILY | AS PER NEED

Medical History
Nothing Significant

Dental History
Patient reports tooth sensitivity since two weeks

Overall picture quality of your images
ACCEPTABLE



Based on the information you have submitted, your Oral health report is as follows:

FINDINGS

Calculus

PRESENT

Restoration

ABSENT

Caries

PRESENT

Stains

ABSENT

GUM HEALTH

Gingivitis

PRESENT

Gum recession

ABSENT

Oral hygiene

FAIR

TEETH HEALTH

Tooth Decay

PRESENT

Tooth decay wrt 36 (lower-left back region)

Root stumps

ABSENT

Tooth decay wrt 36 (lower-left back region)

Missing Tooth

PRESENT

Tooth decay wrt 36 (lower-left back region)

Non-Vital Tooth

PRESENT

Tooth decay wrt 36 (lower-left back region)

Toothwear

ABSENT

Tooth decay wrt 36 (lower-left back region)

TEETH ALIGNMENT

Crowding

GOOD

Spacing

FAIR

OUR SERVICES

Root Canal
Treatment

Cosmetic
Dentistry

Dental
Implants

Braces

Pediatric
Dentistry

Oral &
Maxillofacial
Surgery

Teeth
Aligners

Apollo Dental is specialized in providing the best in class dental services with the same trusted expertise and excellence of Apollo. This report is powered by **LOGY.AI**

FINDINGS REQUIRING IMMEDIATE ATTENTION

- Finding#1
- Finding#2
- Finding#3

DIAGNOSIS

- Diagnosis#1
- Diagnosis#2
- Diagnosis#3

PREVENTIVE MEASURES

- Preventive measures#1
- Preventive measures#2
- Preventive measures#3
- Preventive measures#4
- Preventive measures#5

TREATMENT PLAN

- Treatment plan#1
- Treatment plan#2
- Treatment plan#3
- Treatment plan#4
- Treatment plan#5



110+
CLINICS



300+
DOCTORS



30+
CITIES

Call 1800 1020288

[Book Your Slot](#)

[Your next steps](#)



[Pre-defined slot](#)



[Chat with Dentist](#)

or

[Buy Dental Package](#)

All Dental specialities for your convenience with one line of the speciality

Periodontists

Pededontists

General Dentists

Oral Maxillofacial Surgeon

Orthodontists

Implantologists

Prosthodontists

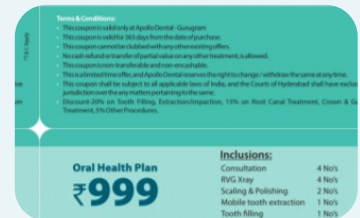
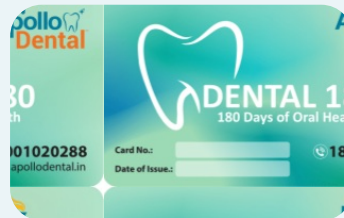
DOCTOR DETAILS



Name
Firstname Surname

ID Number
XXXXXXXXXX

All Dental specialities for your convenience with one line of the speciality



Terms and Condition: This is a AI powered report and cannot be considered as a replacement of physical dental consultation