

Name

FIRSTNAME SURNAME

Gender

PREFER NOT TO SAY

Age

30

Brushing Habits

TWICE DAILY

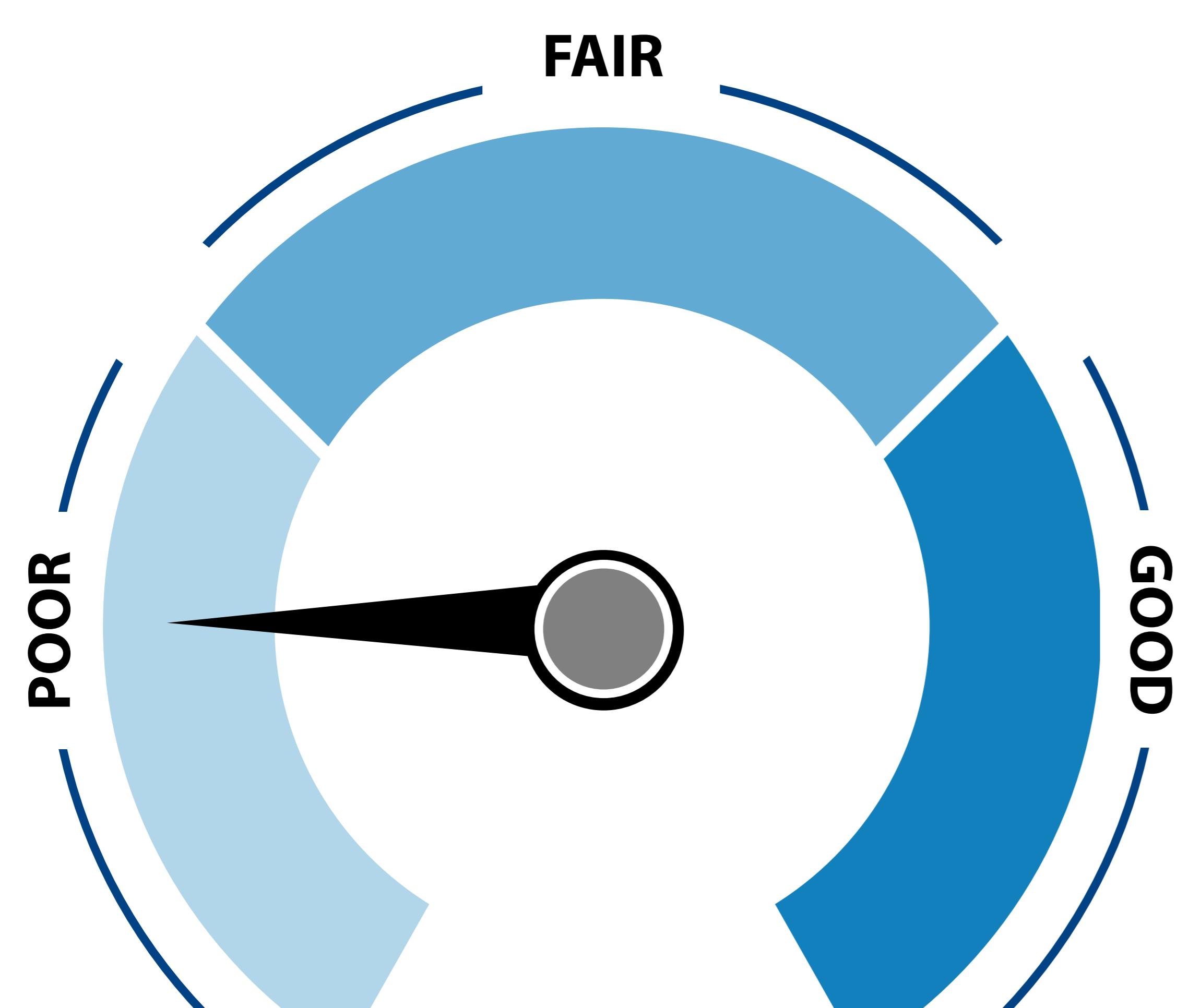
Dentist visit

AS PER NEED

IMAGE QUALITY 

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

YOUR ORAL HEALTH



POOR

Presence of stains

HIGH

Presence of calculus

MEDIUM

Sign of decay

PRESENT

YOUR RISK ASSESSMENT OVER NEXT 12 MONTHS



Chances of
Tooth sensitivity
HIGH



Chances of
Gum Bleeding
LOW



Chances of
Bad Breath
MEDIUM

RECOMMENDATION

Based on your oral health and risk assessment, Oracura recommends you to use the following products

FLOSSER



BRUSH

