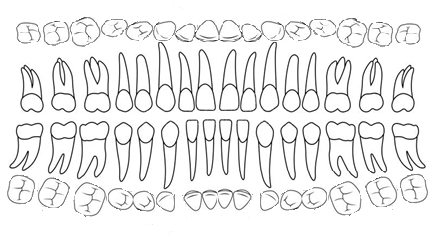
|  |  |
| --- | --- |
| Date | Observation |
| ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  ………………….  …………………. | …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………………………………….. |

**1ér Jour :**

|  |  |  |  |
| --- | --- | --- | --- |
| **OC** | **Devis** | **PSE** | **Devis** |
|  |  |  |  |
| **PATHO** | **Devis** | **PARO** | **Devis** |
|  |  |  |  |



Carie

Fracture

Lyse



Espace

Absente



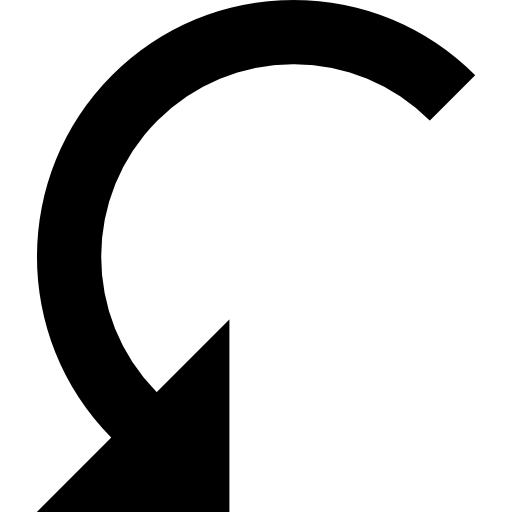
Réaction Apical



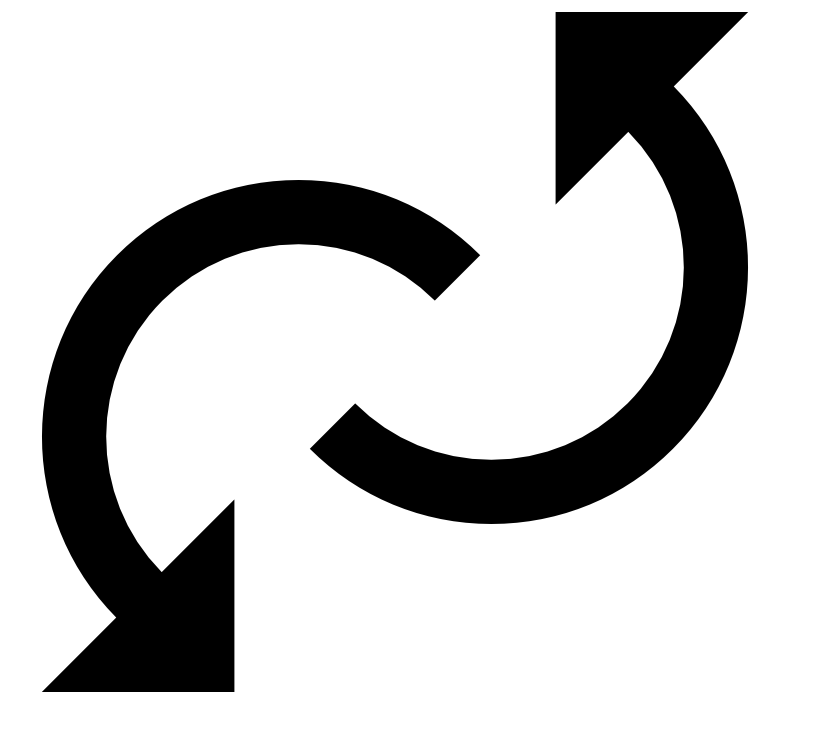
Traitement canalaire



Racine



Version ML



Rotation ML

S

Soigner

P

Palatine

L

Linguale

M

Distale

D

Mestiale



**Code :**

**Profession :**

/ /

/ /

/ /

**Age :**

**Date de**

**naissance :**

**Docteur :**

**Modèle** : Ass

**HBD**: Ass

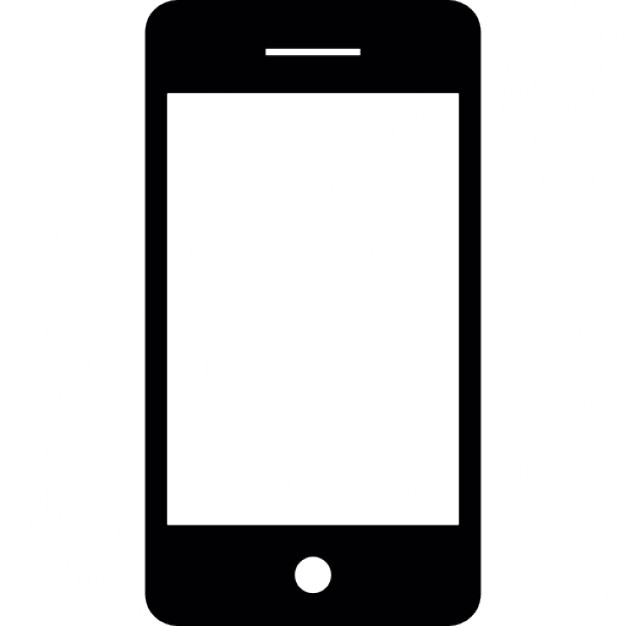
**Pano** : N

USB, CD, Fiche Livrai :

**Orienté par :**

**Motif**

****

****

****

**Surnom :**

**Nom & Prénom :**

**Jour Heure Préféré :**

**1**

**2**

**3**

**4**

|  |  |
| --- | --- |
| Date | Observation |
| ………………….  ………………….  ………………….  ………………….  ………………….  …………………. | …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………………………………….. |