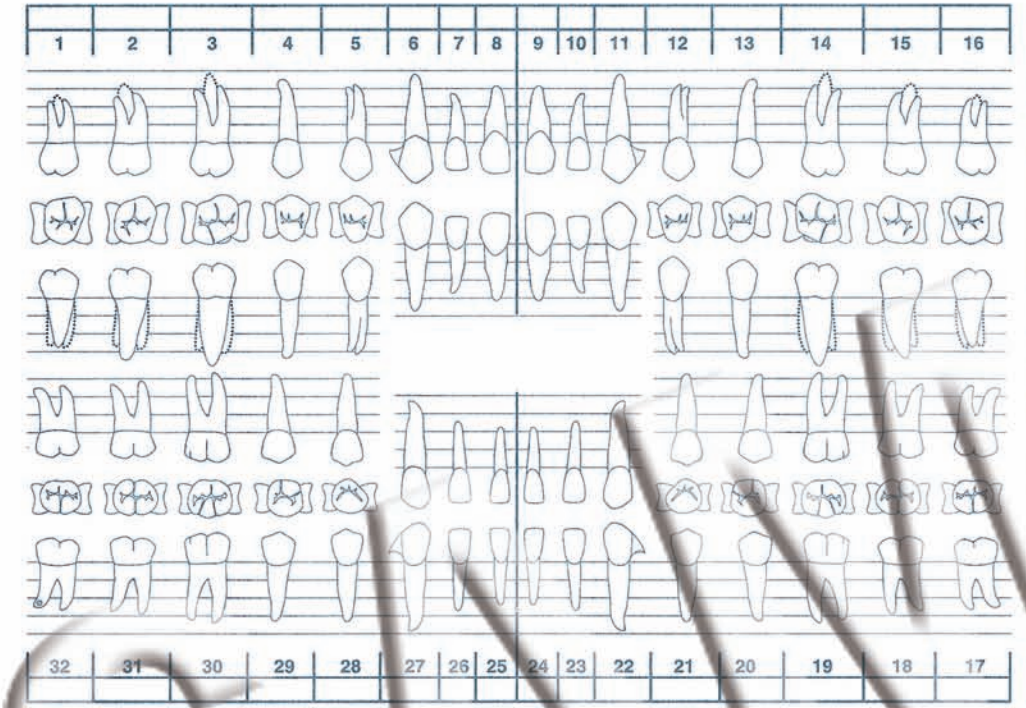
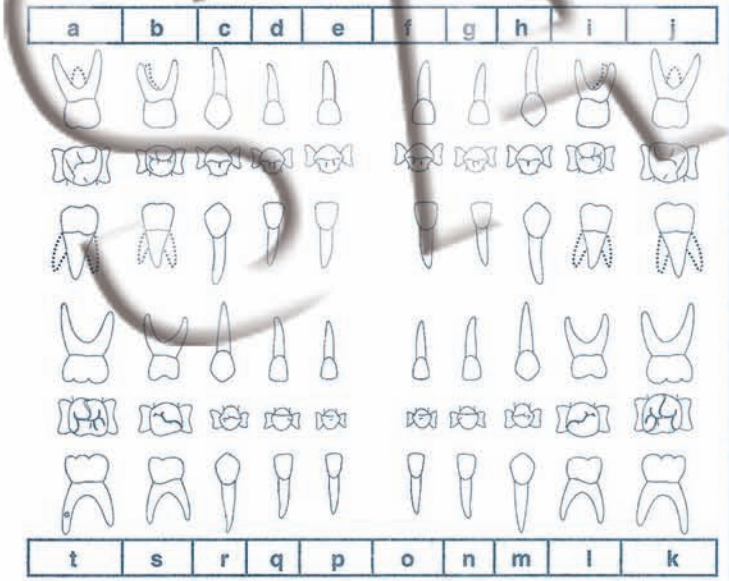
# EXAMINATION RECORD

Last name | First name | Name of spouse/partner | Home phone | Patient number

Address | Physician's name and phone number | Date of examination

City | State | Zip | Copy of diagnosis to be sent | Birthdate | Age




| X-rays |
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| Date |
| Diagnostic models |
| Date |
| Photograph |
| Clinical exam |
| Vitality test |
| Test results |
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## MEDICAL HISTORY — SUMMARY

General health

Existing Illness

Medicine/Drugs

Allergies | Blood pressure S___/D___/___

## DENTAL HISTORY — SUMMARY

Attitude

Home care

## CLINICAL DATA

General condition of teeth

Plaque | Stains | Abrasions

Condition of present restoration

Overhangs | Contact points

Inflammation of gingival tissue: Slight | Moderate | Severe

Color | Recession | Pockets

Condition of the floor of mouth

Palate: Hard | Soft | Cheeks | Lips

Frenum | Tongue | Ridges

Presence of exudate | Areas of food retention | Saliva

Calculus: | Slight | Moderate | Excessive | Oral Cancer exam

TMJ | Neck | Occlusion

Results of X-ray: Bone | Root tips | Impactions

Supernumerary | Abscesses

Summary:

Health alerts

Name

Fees

| Tooth | | Services necessary | | | |
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