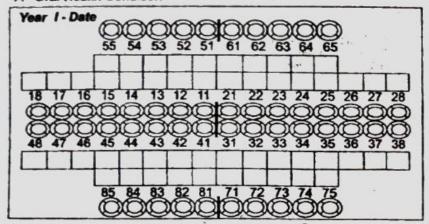
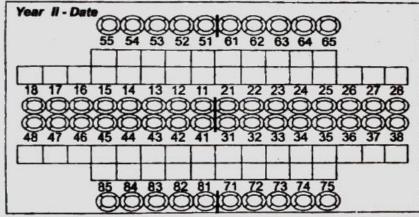
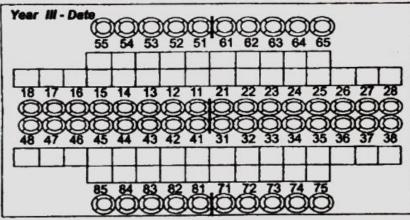
SUMMARY OF SERVICES RENDERED

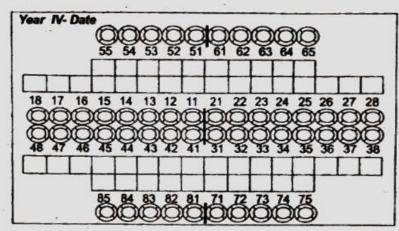
Date	Oral Prophylaxis	Temporary Filling	Permanent Filling	Sealant	Extraction	Fluoride	Consultation	Others F	Remarks	Remarks Signature	Form 1 Philhealth File No				Dental File No File No	
												Depart	of the Philip Iment of Hea Health Devel	aith	Fish.	<u>.</u>
											INC	ONIDUAL	(Barangey) TREATMEN	T RECORD	- 8	
					 		-		-	-	Name:	_	First Nam			ML
											Date of Birth:		1,50	70)	Cav.	
															SUX:	
											Place of Birth:					
									1		The state of the s					
							1				Occupation:	******	_			
							1			1	Parent / Guardian:				gnature	Colons ()
							1				Medical History: Hypertension () Hea				() Astrima ()	speeds ()
									1		Under Medication ()		Others (*) . Health Status			
											A. Check (/) If present (x) If absent		Age	Age	Ann	Ann
							-			1	Date of Oral Examination	vãe	\Age	/ge	Age	Age
							1				Dental Caries	+	-			-
1000			-				1				Gingivitis/Periodontal Disease	-	-	-	-	
							1		1 -		Debris	-	-	-	-	\rightarrow
											Calculus	-				
_										-		-		+		
					1	 			1	1	Abnormal Growth	-				_
				-	-	1.				1	Cleft Lip / Palate	+		-		_
					-		+		1		Others (Supernumerary/mesiodens)					
						1	1		+	-	B. Indicate Number No. of Permanent Teeth Present					-
-	-					 	+		-	-	No. of Permanent Sound Teeth	-		_		
					1		1		1		No. of Decayed Teeth (D)	+	-			
	-				-		1				No. of Missing Teeth (M)	-	-	_		
-					-					1		-	-			
					+				-		No. of Filled Teeth (F) No. of Teeth for Extraction (X)	1				
	-				 	-			-		No. of DMFX Teeth		-		_	-
	-												-	-		
									+		No. of Temporary Teeth Present	+	-			_
									-		No. of Temporary Sound Teeth	+	-	-		
					-						No. of decayed teeth (d)	-				
_											No. of filled teeth (f)	-				
									-		No. of Teeth for Extraction (x)	+			-	
											No. of dfx teeth	1				

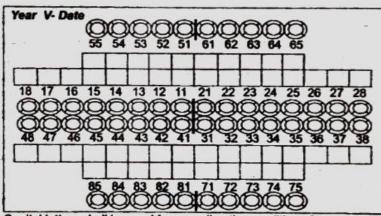
A Oral Health Condition







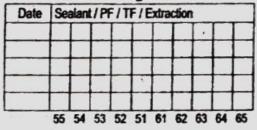


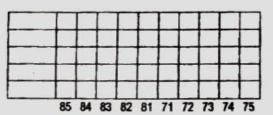


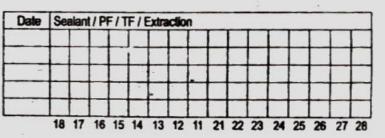
Capital letters shall be used for recording the condition of permanent dentition and small letters for the status of temporary dentition.

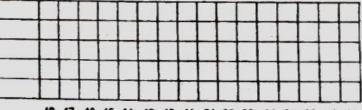
P.	ermanent	Tooth Condition	Temporary		
Legend:					
Decayed	L	Sound / Seeled	1		
Red	D	Decayed	d . f		
TF: Red with Blue	F	Filled			
circle	M	Missing	•		
0	×	Indicated for Extraction	x		
PF: blue	Un	Unerupted	un .		
	Sn	Supernumerary Tooth			
	JC	Jacket Crown	je.		
	P	Pontic	D		

B Service Monitoring Chart









48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

Legend:

S	Sealant

PF Permanent Filling (composite, AM / ART)

TF Temporary Filling

X Extracted

Others