Patient's Examination Record Chart

Nam	e			Hom	ne Addre	ess					Telep	hone			
	e Address.							cupation	Te	elephone	Mobil	e No.	 Date	_	
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
0	8	8	8	10	0	6	6	6	6	8	8	•	0	(A)	0
B	4	8	C	0	9	0	0	0	0	9	0	9			B
48	47	46	45	44	43	42	41	31	. 32	33	34	35	36	37	38
		55	T	54	53	52	51	61	62	63	64	F	65		
		3	(B	6	0	9	8	0	⊗	Œ	9	3		
		E) (B	0	8	9	θ	Ð	8	B	•	3		
		85		84	83	82	81	71	72	73	74		75		

Chief Complaint	-
Other Findings_	

Date	Tooth	Surface	Treatment Rendered	Fee	Paid	Balance
					-	
				-		
	_					
	_					
				-	-	
		_			-	
	_			-	-	
	_			-		
	_					
				_		
	_			+	1	
	_				-	
	_					
	-					