

Patient's Examination Record Chart

Name _____ Home Address _____ Telephone _____
 Age _____ Sex _____ Marital Status _____ Occupation _____ Mobile No. _____
 Office Address _____ Telephone _____ Date _____

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75

