**Oral Examination Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | | | | | | | | | Dentist: | | | | | |
| Date Of Birth: | | | | | | | | | | | | | | | | | | | |
| **Dental Finding** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Periodontal Disease (Stage) |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |
| Caries |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |
| Tooth Numbering | **18** | | **17** | **16** | **15** | **14** | **13** | **12** | **11** | **21** | | **22** | **23** | | **24** | **25** | **26** | **27** | **28** |
| **Upper Right** | | | | | | | | | | **Upper Left** | | | | | | | | |
| **Lower Right** | | | | | | | | | | **Lower Left** | | | | | | | | |
| **48** | | **47** | **46** | **45** | **44** | **43** | **42** | **41** | **31** | | **32** | **33** | | **34** | **35** | **36** | **37** | **38** |
| Caries |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |
| Periodontal Disease (Stage) |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |
| **Periodontal Disease (Alveolar Bone Loss) <15% Stage I, 15%-33% Stage II, 50% Stage III, >66% Stage IV** | | | | | | | | | | | | | | | | | | | |
| **Treatment Plan** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Information** | | | | | | | | | | | | | | | | | | | |
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