

# WESTERN MINDANAO STATE UNIVERSITY

ZAMBOANGA CITY  
UNIVERSITY HEALTH SERVICES CENTER

## DENTAL EXAMINATION FORM

### PATIENT INFORMATION

**File No:** TEST-DN-TEMP-8-4  
**Name:** Test, Patient AOID  
**Age:** 20  
**Sex:** Female  
**Has Toothbrush:** Yes  
**Date of Examination:** July 05, 2025

### DENTAL ASSESSMENT

**Dentition:** Satisfactory  
**Periodontal:** Satisfactory  
**Occlusion:** Normal  
**Malocclusion Severity:** N/A

### DENTAL FINDINGS

**Decayed Teeth:** None  
**Missing Teeth:** None  
**Filled Teeth:** None  
**Oral Hygiene:** N/A

### TREATMENT AND RECOMMENDATIONS

**Recommended Treatments:**

None specified

**Prevention Advice:**

None specified

**Treatment Priority:**

None specified

**Next Appointment:**

None scheduled

**EXAMINER INFORMATION**

**Examined By:** Test Doctor

**Date:** July 05, 2025