

WESTERN MINDANAO STATE UNIVERSITY

ZAMBOANGA CITY
UNIVERSITY HEALTH SERVICES CENTER

DENTAL EXAMINATION FORM

PATIENT INFORMATION		DENTAL ASSESSMENT	
File No:	DN-STU-2024-001-7	Dentition:	Satisfactory
Name:	Doe, Jane	Periodontal:	Satisfactory
Age:	20	Occlusion:	Normal
Sex:	Female	Malocclusion Severity:	A
Has Toothbrush:	Yes	Date of Examination:	July 05, 2025

DENTAL FINDINGS

Decayed Teeth:	None	Missing Teeth:	None
Filled Teeth:	None	Oral Hygiene:	Good

TREATMENT AND RECOMMENDATIONS

Recommended Treatments:	Prevention Advice:
Regular cleaning	Brush twice daily
Treatment Priority:	Next Appointment:
Low	None scheduled

ADDITIONAL REMARKS

Patient in good oral health

Examined By: Dr. John Smith

Date: July 05, 2025