

(All sections must be completed)

**SECTION A – PARTICULARS OF THE EXAMINEE**

Name: \_\_\_\_\_ Date of Birth (day/month/year): \_\_\_\_\_ Sex: \_\_\_\_\_  
 Examination Date (day/month/year): \_\_\_\_\_ Member No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
 If group insurance, name of the Policyholder: \_\_\_\_\_

**SECTION B – EXAMINING DENTIST'S REPORT**

1. Have any dental X-ray been taken during this examination? Yes ☐ No ☐  
 If "Yes", please describe nature of X-ray and reason for taking such:

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2. Please describe general condition of dentures (if any):

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3. Other abnormalities or observations: Please specify

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4. Diagrammatic Report:

								<b>LABIAL</b>									
																	
<b>RIGHT</b>	_____								<b>LINGUAL</b>	_____							<b>LEFT</b>
																	
								<b>LABIAL</b>									

Name of Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature of Dentist

Date (day/month/year): \_\_\_\_\_

## Examination Reporting Code:

1. Please record finding of your examination (including X-ray) on the report from overleaf with the following symbols:

Tooth previously extracted



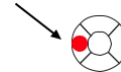
Tooth now requiring extraction



Previous filling – in sound condition



Previous filling – now requires attention



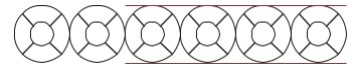
Cavity requiring filling



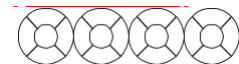
Root abscesses



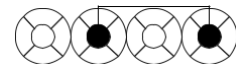
Gingivitis



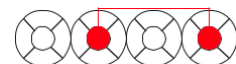
Periodontitis



Bridge (in sound condition)



Bridge requiring attention



Crown - in sound condition



Crown – Requiring attention



Wisdom teeth impacted



2. Please mark position of artificial teeth currently on dentures as per illustration.

