

(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

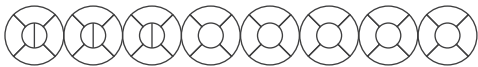
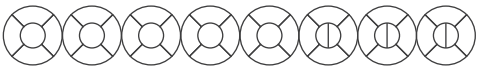
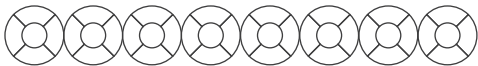
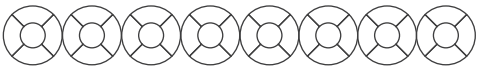
1. Have any dental X-ray been taken during this examination? Yes ☐ No ☐

If "Yes", please describe nature of X-ray and reason for taking such:

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

3. Other abnormalities or observations: Please specify

4. Diagrammatic Report:

								LABIAL								
																
RIGHT									LEFT							
								LINGUAL								
																
								LABIAL								

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



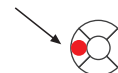
Tooth now requiring extraction



Previous filling – in sound condition



Previous filling – now requires attention



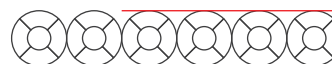
Cavity requiring filling



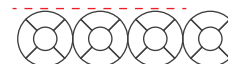
Root abscesses



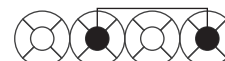
Gingivitis



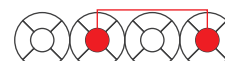
Periodontitis



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.

