

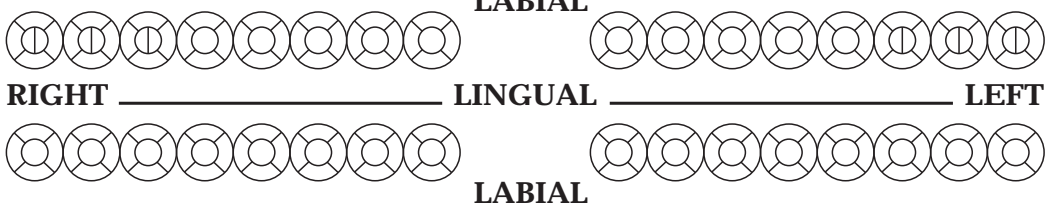
ORAL EXAMINATION REPORT

(All sections must be completed)

SECTION A – PARTICULARS OF THE EXAMINEE

Name	Date of Birth (MM/DD/YY)	Sex
Examination Date (MM/DD/YY)	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? If "Yes", please describe nature of X-ray and reason for taking such:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Please describe general condition of dentures (if any):		
3. Other abnormalities or observations : Please specify		
4. Diagrammatic Report:		
<div style="text-align: center;"> <p>LABIAL</p>  <p>RIGHT LINGUAL LEFT</p> <p>LABIAL</p> </div>		

Name of Dentist: _____

Address: _____

Telephone No.: _____

E-mail: _____

Signature of Dentist

Date: _____

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



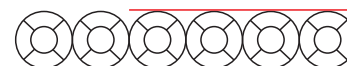
Cavity requiring filling



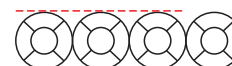
Root abscesses



Gingivitis



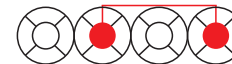
Periodontitis



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.

