MEDICAL RECORD	Dental Examination

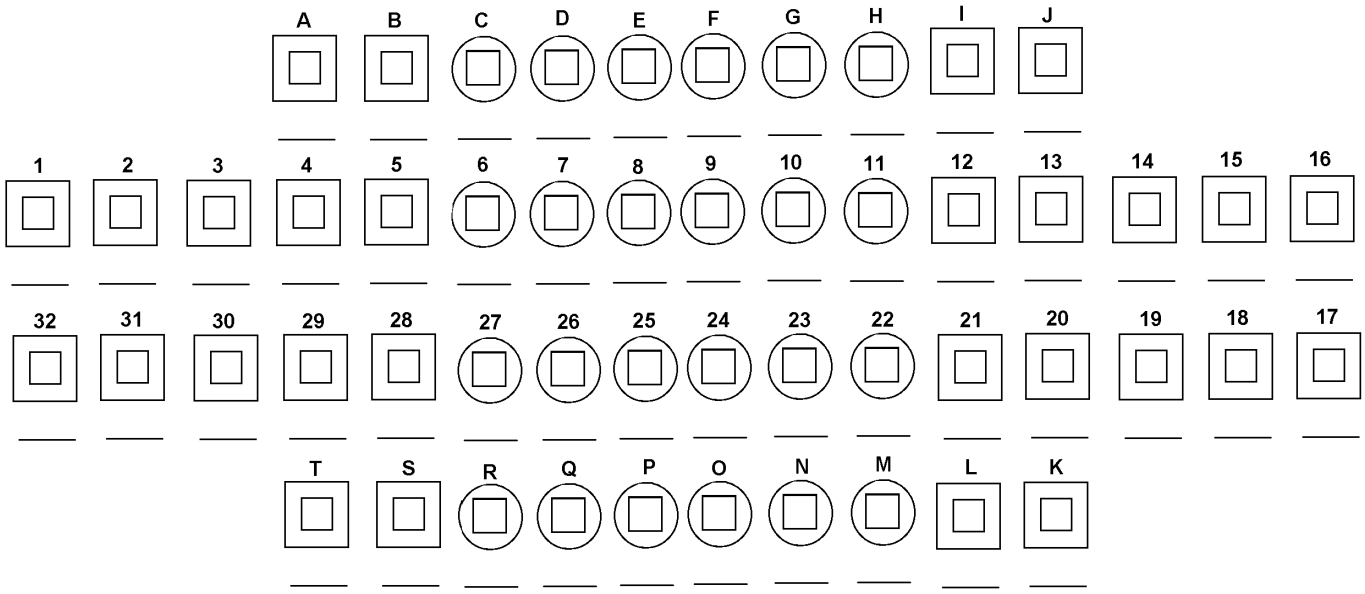
RADIOGRAPHS: ☐Panograph Bitewings _____ Periapicals _____

PERIODONTAL SCREENING:		**PROBING:**		
Oral Hygiene:	Diagnosis:			
Gingiva:				
Mobility:				
Recession:				

SOFT TISSUES:		
Salivary Glands:	Occlusions:	Occlusal Wear:
TMJ:	Enamel Defects:	

FURTHER EVALUATION/REFERRAL:

☐Oral Medicine Eval ☐Oral Surgery ☐Hygiene ☐Complete Periodontal Exam
☐Operative/Restorations ☐Endodontics ☐Prosthetics ☐TMJ Evaluation



TREATMENT PLAN	DATE COMP.	TREATMENT PLAN	DATE COMP.

DENTIST SIGNATURE:

_____ _____
(Date)

Patient Identification	Dental Examination NIH-2793 (7-00) P.A. 09-25-0099 File in Section 2: Consultations, Other