

# DENTAL HEALTH RECORD

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
SURNAME FIRST NAME MIDDLE INITIAL

ADDRESS \_\_\_\_\_ KIND OF LICENSE \_\_\_\_\_

	STATUS															
	RIGHT										LEFT					
	55	54	53	52	51	61	62	63	64	65						
<b>UPPER</b>																
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
<b>LOWER</b>																
	85	84	83	82	81	71	72	73	74	75						
	STATUS															
	RIGHT										LEFT					

**LEGEND: CONDITION**

- / - Present Teeth
- D - Decayed (Caries indicated for filling)
- M - Missing due to Caries
- MO - Missing due to Other Causes
- Im - Impacted Tooth
- Sp - Supernumerary Tooth
- Rf - Root Fragment
- Un- Unerupted

**RESTORATION & PROSTHETICS**

- Am- Amalgam Filling
- Co - Composite Filling
- JC - Jacket Crown
- Ab - Abutment
- Att - Attachment
- P - Pontic
- In - Inlay
- Imp - Implant
- S - Sealants
- Rm - Removable Denture

**SURGERY**

- X- Extraction due to Caries
- XO - Extraction due to other Causes

**APPLIANCES**

- \_\_\_\_\_ Orthodontic
- \_\_\_\_\_ Stayplate
- \_\_\_\_\_ OTHERS

**EXAMINED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_