PACIFIC CROSS VIETNAM

The strength behind your insurance

FIRST ORAL EXAMINATION REPORT

(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):

_____

_____

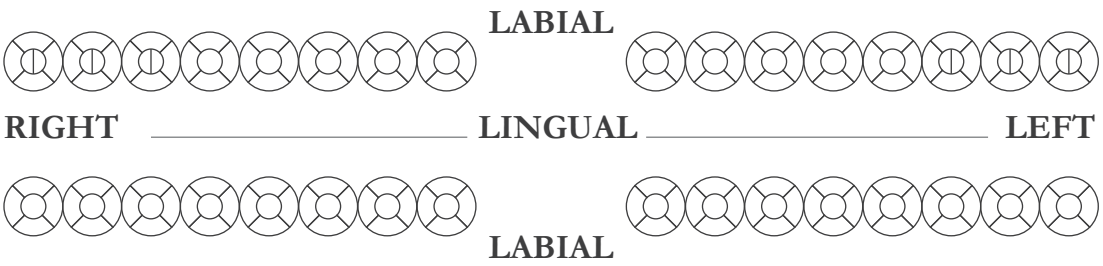
_____

3. Other abnormalities or observations: Please specify

_____

_____

4. Diagramatic Report:



Name of Dentist: _____

Address: _____

_____

Telephone No.: _____

E-mail: _____

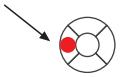
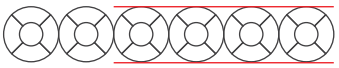
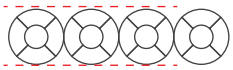
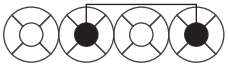
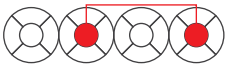
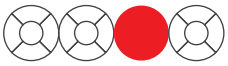
_____

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.