

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



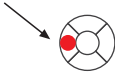
Tooth now requiring extraction



Previous filling – in sound condition



Previous filling – now requires attention



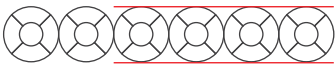
Cavity requiring filling



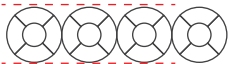
Root abscesses



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.

