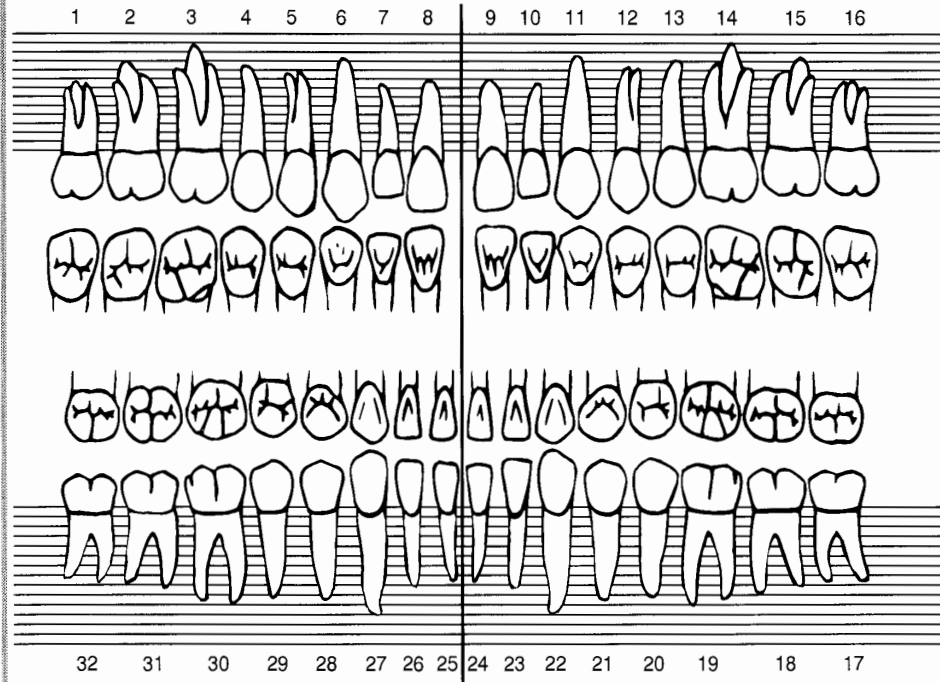


INITIAL EXAMINATION

NAME _____

MEDICAL ALERT _____

MISSING TEETH AND EXISTING RESTORATIONS



Existing Illnesses _____

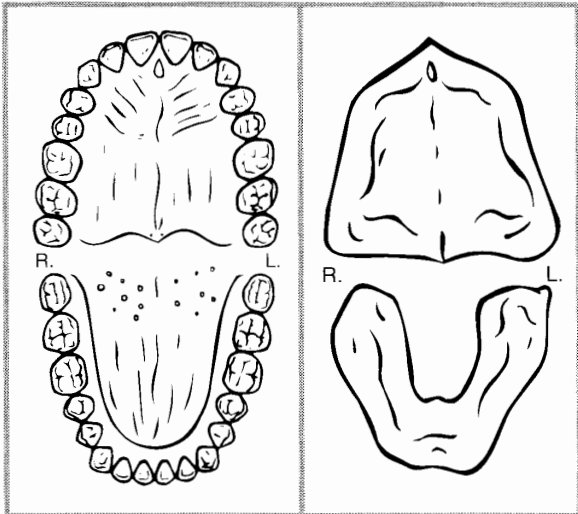
Current Drugs Used _____

Allergies _____

Chief Dental Complaint _____

Oral Habits _____

Oral Hygiene _____



TESTS

Percussion _____

Vitality _____

Thermal _____

Blood Pressure _____

Pulse _____

Other _____

DENTAL CONDITION

General Condition of Gingiva & Periodontium _____

General Condition of Teeth _____

Plaque _____ Calculus _____

Bleeding _____ Recession _____

Other _____

OCCLUSION & FUNCTIONAL RELATIONS

Abnormalities _____

Face _____ Lips _____ Floor of Mouth _____

Cheeks _____ Salivary Glands _____ Tongue _____

Lymph Nodes _____ Frenum _____ Palate _____

TMJ _____ Pharynx _____ Skin _____

Other _____

ADDITIONAL COMMENTS
