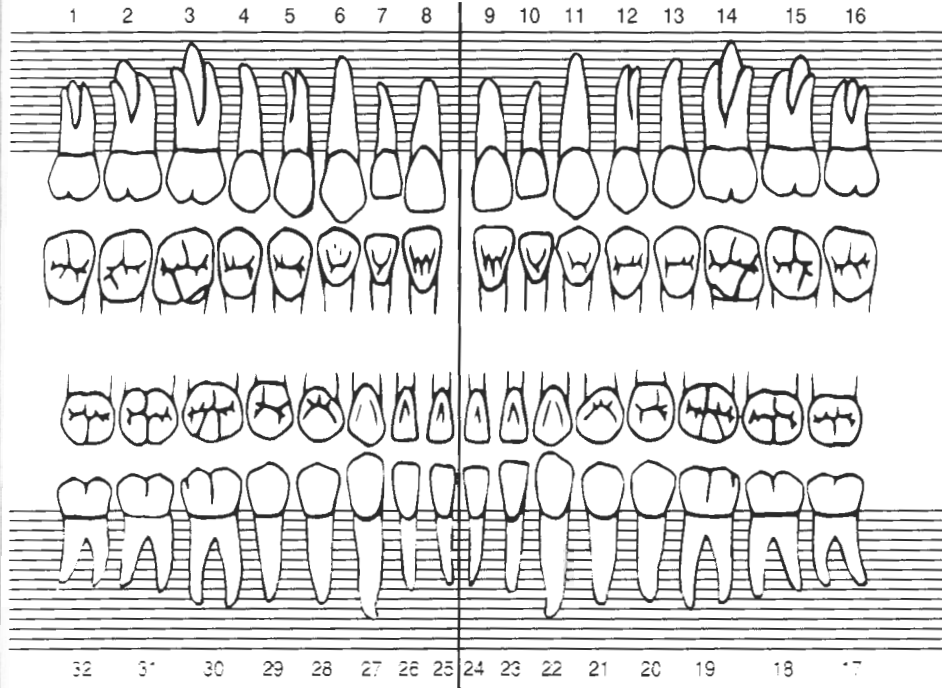


INITIAL EXAMINATION

NAME _____

MEDICAL ALERT _____

MISSING TEETH AND EXISTING RESTORATIONS



Existing Illnesses

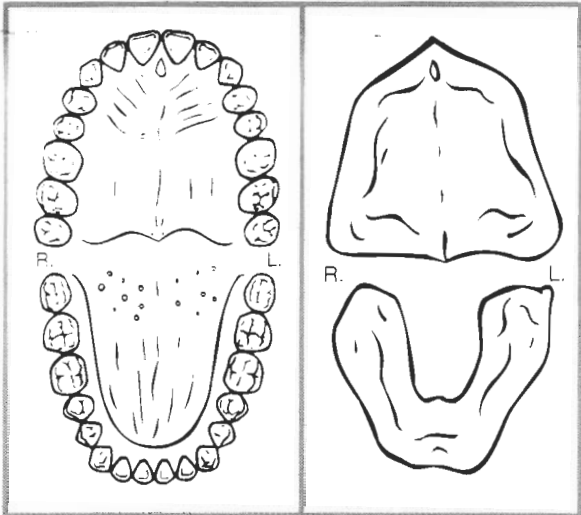
Current Drugs Used

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

ADDITIONAL COMMENTS

OCCLUSION & FUNCTIONAL RELATIONS

Abnormalities

Face

Lips

Floor of Mouth

Cheeks

Salivary Glands

Tongue

Lymph Nodes

Frenum

Palate

TMJ

Pharynx

Skin

