

Last Name _____ First Name _____
 Address _____

Phone# _____ DOB _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Medical alerts

MOULD

TEETH	Upper
Centrals	
Laterals	
Cuspid	
Posteriors	

SHADE

TEETH	Upper
Centrals	
Laterals	
Cuspid	
Posteriors	

DENTAL HISTORY

Chief Complaint

Date of last Visit

X-Rays Propthy

Face/Neck/Glands

Lips/Cheeks

Palate/Pharynx

Floor of mouth/Tongue/Frenum

General Condition of Teeth

Esthetics

Sensitivity Cold Hot S

Abrasion Areas

General Condition of Restorations

Overhangs

Open Contacts

Food Traps

Occlusion/Interferences

Previous Orthodontics

General Periodontal Health

Previous Periodontal Treatment

Plaque 1

Inflammation 1

Calculus 1

Stain 1

Oral Hygiene 1

Summary of treatment

Dental Exam Form

Remarks

Sample Dental Exam Form With Teeth Chart

Lingjun Ying

A red circular graphic with a gradient, appearing as a partial circle or a thick curved line, located to the right of the name bar.

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Table of Contents Sample Dental Exam Form With Teeth Chart

1. Understanding the eBook Sample Dental Exam Form With Teeth Chart
 - The Rise of Digital Reading Sample Dental Exam Form With Teeth Chart
 - Advantages of eBooks Over Traditional Books
2. Identifying Sample Dental Exam Form With Teeth Chart
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Sample Dental Exam Form With Teeth Chart
 - User-Friendly Interface
4. Exploring eBook Recommendations from Sample Dental Exam Form With Teeth Chart
 - Personalized Recommendations
 - Sample Dental Exam Form With Teeth Chart User Reviews and Ratings

- Sample Dental Exam Form With Teeth Chart and Bestseller Lists
- 5. Accessing Sample Dental Exam Form With Teeth Chart Free and Paid eBooks
 - Sample Dental Exam Form With Teeth Chart Public Domain eBooks
 - Sample Dental Exam Form With Teeth Chart eBook Subscription Services
 - Sample Dental Exam Form With Teeth Chart Budget-Friendly Options
- 6. Navigating Sample Dental Exam Form With Teeth Chart eBook Formats
 - ePub, PDF, MOBI, and More
 - Sample Dental Exam Form With Teeth Chart Compatibility with Devices
 - Sample Dental Exam Form With Teeth Chart Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Sample Dental Exam Form With Teeth Chart
 - Highlighting and Note-Taking Sample Dental Exam Form With Teeth Chart
 - Interactive Elements Sample Dental Exam Form With Teeth Chart
- 8. Staying Engaged with Sample Dental Exam Form With Teeth Chart
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Sample Dental Exam Form With Teeth Chart
- 9. Balancing eBooks and Physical Books Sample Dental Exam Form With Teeth Chart
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Sample Dental Exam Form With Teeth Chart
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Sample Dental Exam Form With Teeth Chart
 - Setting Reading Goals Sample Dental Exam Form With Teeth Chart
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Sample Dental Exam Form With Teeth Chart
 - Fact-Checking eBook Content of Sample Dental Exam Form With Teeth Chart
 - Distinguishing Credible Sources

-
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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