

5501 Nebraska Ave. Toledo, OH 43615 Phone (419) 724-0276 Fax (888) 851-1145

Name of Youth:			Date of Exam:	
				Adriel Office Use Teaching Parent/Foster Parent Copy
	А	DRIEL SCHOO	DL DENTAL RECORD	File Copy Caseworker Copy
				-
HAME OF CHILD		NAME OF HO	OME OR INSTITUTION	AGE
	RIGHT ®	9000	PPER DOOOOO LEFT	
	<b>©</b> (	) ()	<b>%</b>	
Œ.	)   	<u>්</u> ම් ල්	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	)
ري	han han	သက်က်င်	<u>)</u> මුල් මුල් මුල් මුල් මුල්	
LEGENO  Fillings Present—Fill in, with b  Cavities—Outline, in red, the so  Missing Teeth—Indicate with la	urfaces involved. (		Teeth Indicated for Extraction—Ind Teeth Extracted—Indicate with larg Gum Inflammation—Indicate, in re	e black X.
EXAMINATION  Deciduous teeth—Decayed?  Describe:	Stained? Calculou	s?	Permanent teeth—Decayed? Staine Describe:	ed? Calculous?
	.5.)			
Gums—Inflammation Describe:		257 50 304 51 304 5	Mucous membranes Describe:	
Other oral manifestations Describe:				
8 7 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		0		
to irremediable defects of the	teeth exist?	Yes No	Is adequate fluoride present in water	Yes N
malocclusion present			Have fluoride applications been pro-	vided?
ECOMMENDATIONS:				The second se
Restorations Dental prophylaxis Extractions				
Fluoride applications Orthodontic service Other				
				g gs
			(Sign)	
				ntist making examination

## LEGEND

Fillings Present – Fill in, with black, the surfaces involved. Cavities – Outline, in red, the surfaces involved ( $\Longrightarrow$ ) when filled. Missing Teeth – Indicate with large black M.

 $\label{eq:continuous_continuous_continuous} Teeth\ Indicate \ for\ extraction-Indicate \ with\ large\ black\ X.$   $\ Gum\ Inflammation-Indicate,\ in\ red,\ beneath\ teeth\ involved.$ 

EXAMINATION	Permanent teeth – Decayed? Stained? Calculous?
Deciduous teeth – Decayed? Stained? Calculous?	Describe:
Describe:	
	\( \text{\tinc{\text{\texitin}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\tin}\text{\texi\tint{\text{\text{\text{\text{\text{\text{\text{\tin}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tinz{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\tint{\text{\text{\text{\text{\text{\text{\text{\texi}\tint{\titt{\text{\text{\text{\text{\text{\texi}\tint{\text{\texi}\tint{\text{\text{\text{\text{\tin}\tint{\tin}\tint{\text{\ti}\ti
Gums – Inflammation	Mucous membranes
Describe:	Describe:
Other oral manifestations	
Describe:	
Yes No	Yes No
Do irremediable defects of the teeth exist?	Is adequate fluoride present I water supply?
Do irremediable defects of the teeth exist?	Is adequate fluoride present I water supply?
Is malocclusion present?	Have fluoride applications been provided?
is indiocerusion present:	Thave hubride applications been provided:
DECOMO GENERATION IS	
RECOMMENDATIONS:	
X-rays	
Restorations	
Dental prophylaxis	
Extractions	
Fluoride applications	
Orthodontic service	
Other	
Continuous record of all services rendered on other side.	
Continuous record of an services rendered on other side.	
N CD C C C	
Name of Dentist Performing Exam	
Signature of Dentist Performing Exam	Date
Stamp/Name of practice, address, and telephone number:	