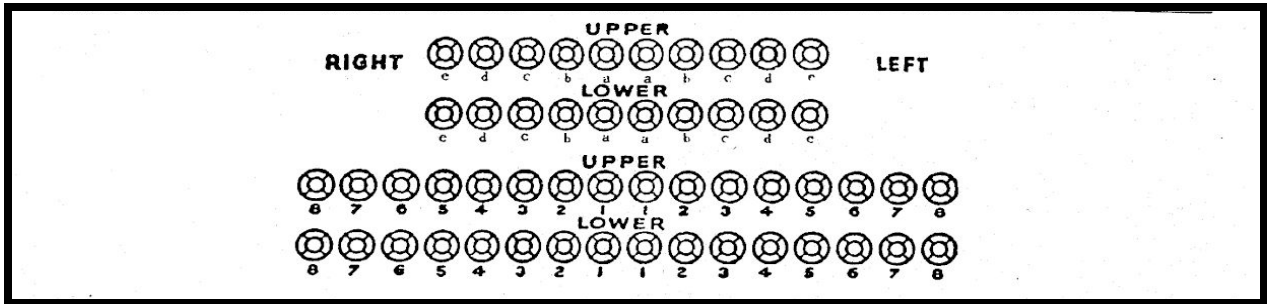


# Adriel Dental Record

Adriel School, Inc.  
521 S Shannon St.  
Van Wert, OH 45891  
419-513-2600  
Fax: 888-241-9316

Name of Youth: \_\_\_\_\_ Date of Exam: \_\_\_\_\_



**LEGEND**

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

Teeth Indicated for extraction – Indicate with large red X.  
Teeth Extracted – Indicate with large black X.  
Gum Inflammation – Indicate, in red, beneath teeth involved.

<b>EXAMINATION</b> Deciduous teeth – Decayed? Stained? Calculous? Describe:	Permanent teeth – Decayed? Stained? Calculous? Describe:
Gums – Inflammation Describe:	Mucous membranes Describe:
Other oral manifestations Describe:	
Do irremediable defects of the teeth exist?	Is adequate fluoride present I water supply?
Is malocclusion present?	Have fluoride applications been provided?
<b>RECOMMENDATIONS:</b> X-rays Restorations Dental prophylaxis Extractions Fluoride applications Orthodontic service Other	

Continuous record of all services rendered on other side.

\_\_\_\_\_  
Name of Dentist Performing Exam

\_\_\_\_\_  
Signature of Dentist Performing Exam

\_\_\_\_\_  
Date

Stamp/Name of practice, address, and telephone number: