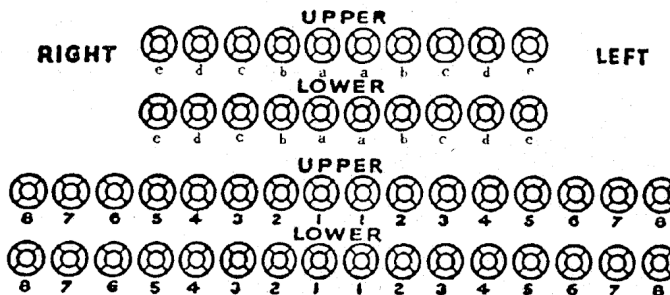# *Adriel* Dental Record

Adriel School, Inc.
22897 US 20-A
Archbold, Ohio 43502
567-341-4327
Fax: 1-888-820-8966

Name of Youth: _____   Date of Exam: _____

ADRIEL SCHOOL DENTAL RECORD

NAME OF CHILD_____ NAME OF HOME OR INSTITUTION_____ AGE_____

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.

EXAMINATION	
Deciduous teeth—Decayed? Stained? Calculous? Describe:	Permanent teeth—Decayed? Stained? Calculous? Describe:
Gums—Inflammation Describe:	Mucous membranes Describe:

Other oral manifestations
Describe:

	Yes	No		Yes	No
Do irremediable defects of the teeth exist?	☐	☐	Is adequate fluoride present in water supply?	☐	☐
Is malocclusion present	☐	☐	Have fluoride applications been provided?	☐	☐

RECOMMENDATIONS:

X-rays
Restorations
Dental prophylaxis
Extractions
Fluoride applications
Orthodontic service
Other

(Sign)_____

Dentist making examination

Continuous record of all services rendered on other side.

Date_____

EXAMINATION	Permanent teeth – Decayed? Stained? Calculous?
Deciduous teeth – Decayed? Stained? Calculous? Describe:	Describe:
Gums – Inflammation Describe:	Mucous membranes Describe:

Other oral manifestations
Describe:

	Yes	No		Yes	No
Do irremediable defects of the teeth exist?	⊗		Is adequate fluoride present I water supply?	⊗	
Is malocclusion present?	⊗		Have fluoride applications been provided?	⊗	

RECOMMENDATIONS:
  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: