

Adriel Dental Record

105 Commerce Park Drive, Unit A Westerville, Ohio 43082
Phone (614) 761-0010
Fax _____

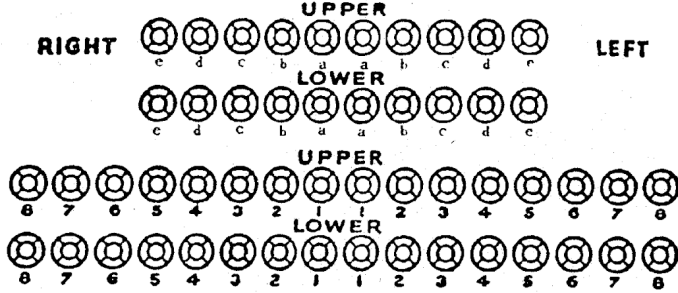
Name of Youth: _____

Date of Exam: _____

Adriel Office Use	
Teaching Parent/Foster Parent Copy	_____
File Copy	_____
Caseworker Copy	_____

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: _____

Do irremediable defects of the teeth exist?	Yes	No	Is adequate fluoride present in water supply?	Yes	No
Is malocclusion present?	<input type="checkbox"/>	<input type="checkbox"/>	Have fluoride applications been provided?	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATIONS:

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

Continuous record of all services rendered on other side.

(Sign) _____ Dentist making examination

Date _____

