

105 Commerce Park Drive, Unit AWesterville, Ohio 43082 Phone (614) 761-0010

Fax

Name of Youth:	Date of	Date of Exam:	
ADRIEL SCHO	OOL DENTAL RECORD	Adriel Office Use Teaching Parent/Foster Parent Copy File Copy Caseworker Copy	
	HOME OR INSTITUTION	AGE	
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EEGEND Fillings Present—Fill in, with <u>black</u> , the surfaces involved. Cavities—Outline, in red, the surfaces involved. (v) when filled Missing Teeth—Indicate with large <u>black</u> M.	Teeth Indicated for Extraction—Indicated.  Teeth Extracted—Indicate with large Gum Inflammation—Indicate, in red,	black X.	
EXAMINATION  Deciduous teeth—Decayed? Stained? Calculous?  Describe:	Permanent teeth—Decayed? Stained Describe:	l? Calculous?	
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		
Is malocclusion present	Have fluoride applications been provi		
RECOMMENDATIONS:			
X-rays Restorations Dental prophylaxis Extractions Fluoride applications Orthodontic service Other			
Continuous record of all services rendered on other side.		ist moking 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.

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

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