

NAME

ADDRESS

TEL.

CASE HISTORY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

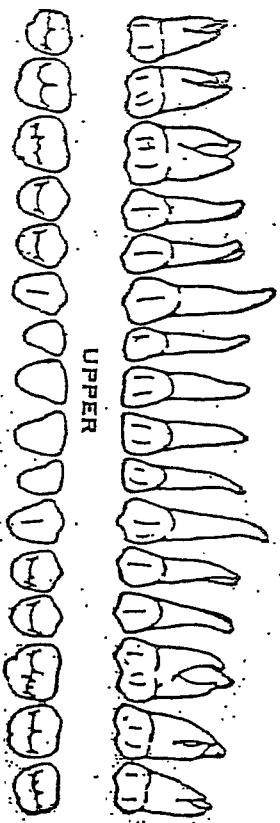
DATE BIRTH DATE

OCCUPATION AGE HOW LONG

REFERRED BY

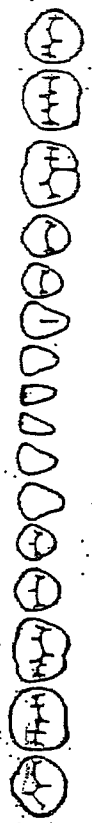
FORMER DENTIST

PHYSICIAN



UPPER

R



LOWER

32 31 30 28 28 27 26 25 24 23 22 21 20 19 18 17

REMARKS:

GENERAL PHYSICAL CONDITION	
CHRONIC AILMENT, IF ANY	
CONGENITAL HEART DEFECT	
RHEUMATIC FEVER	RHEUMATIC HEART DISEASE
ANEMIA	BLOOD PRESSURE
DIABETES	KIDNEY TROUBLE
BLEEDING	ASTHMA
ALLERGIES:	
OTHER:	
ORAL TISSUES:	
SOFT PALATE	HARD PALATE
LIPS	PHARYNX
BUCCAL MUCOSA	GINGIVA
FLOOR OF MOUTH	TONGUE
GENERAL CONDITION OF GUMS:	
COLOR	
RECESSION	
GINGIVITIS	
CHRONIC	
ACUTE	
OCCCLUSION	
NORMAL	
ABNORMAL	
MOUTH HYGIENE	