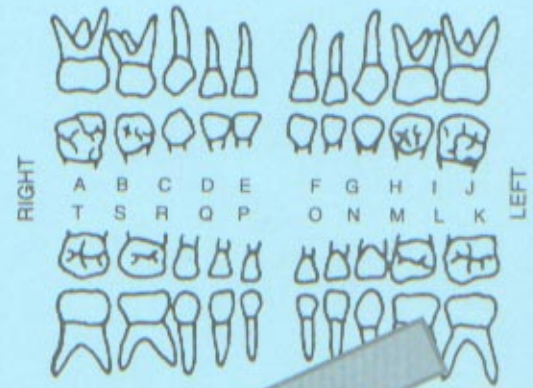
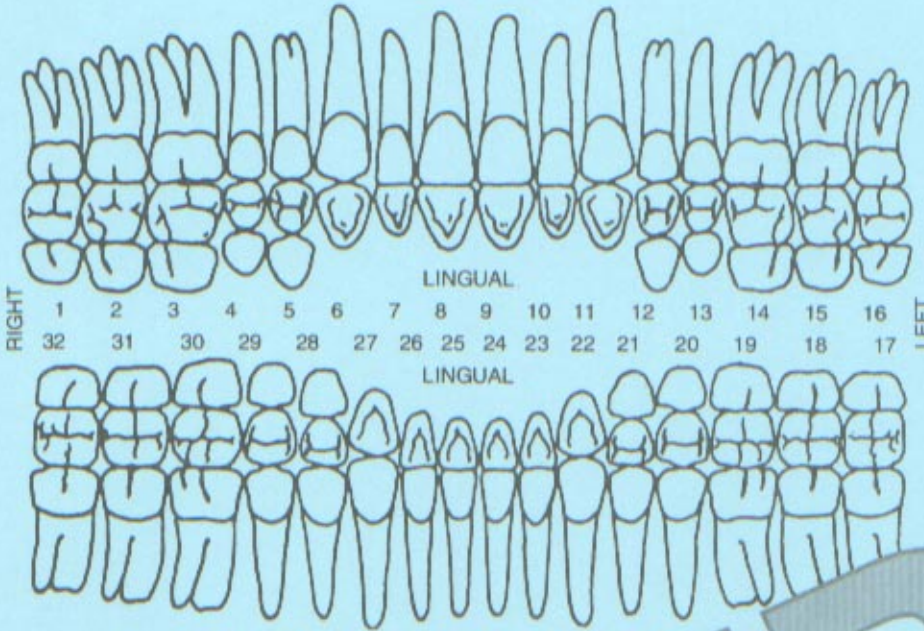


PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ DR. \_\_\_\_\_



COSMETIC PROCEDURES:  
 IMPLANT SERVICES:  
 SURGICAL PROCEDURES:  
 ORTHODONTICS:  
 PROSTHETICS (DENTURE OVERDENTURE)  
 REFERRALS:

| TOOTH | PRESENT REST. | PATHOLOGY | REC. | TREATM. | ALTERNATIVE TREATMENT | ACFTD | PRIOR | DATE COMP. | EXISTING PROSTHESIS: |       |
|-------|---------------|-----------|------|---------|-----------------------|-------|-------|------------|----------------------|-------|
|       |               |           |      |         |                       |       |       |            | MAX.                 | MAND. |
| 1     |               |           |      |         |                       |       |       |            |                      |       |
| 2     |               |           |      |         |                       |       |       |            |                      |       |
| 3     |               |           |      |         |                       |       |       |            |                      |       |
| 4 A   |               |           |      |         |                       |       |       |            |                      |       |
| 5 B   |               |           |      |         |                       |       |       |            |                      |       |
| 6 C   |               |           |      |         |                       |       |       |            |                      |       |
| 7     |               |           |      |         |                       |       |       |            |                      |       |
| 8     |               |           |      |         |                       |       |       |            |                      |       |
| 9     |               |           |      |         |                       |       |       |            |                      |       |
| 10    |               |           |      |         |                       |       |       |            |                      |       |
| 11 H  |               |           |      |         |                       |       |       |            |                      |       |
| 12 I  |               |           |      |         |                       |       |       |            |                      |       |
| 13 J  |               |           |      |         |                       |       |       |            |                      |       |
| 14    |               |           |      |         |                       |       |       |            |                      |       |
| 15    |               |           |      |         |                       |       |       |            |                      |       |
| 16    |               |           |      |         |                       |       |       |            |                      |       |
| 17    |               |           |      |         |                       |       |       |            |                      |       |
| 18    |               |           |      |         |                       |       |       |            |                      |       |
| 19    |               |           |      |         |                       |       |       |            |                      |       |
| 20 K  |               |           |      |         |                       |       |       |            |                      |       |
| 21 L  |               |           |      |         |                       |       |       |            |                      |       |
| 22 M  |               |           |      |         |                       |       |       |            |                      |       |
| 23 N  |               |           |      |         |                       |       |       |            |                      |       |
| 24 O  |               |           |      |         |                       |       |       |            |                      |       |
| 25 P  |               |           |      |         |                       |       |       |            |                      |       |
| 26 Q  |               |           |      |         |                       |       |       |            |                      |       |
| 27 R  |               |           |      |         |                       |       |       |            |                      |       |
| 28 S  |               |           |      |         |                       |       |       |            |                      |       |
| 29 T  |               |           |      |         |                       |       |       |            |                      |       |
| 30    |               |           |      |         |                       |       |       |            |                      |       |
| 31    |               |           |      |         |                       |       |       |            |                      |       |
| 32    |               |           |      |         |                       |       |       |            |                      |       |