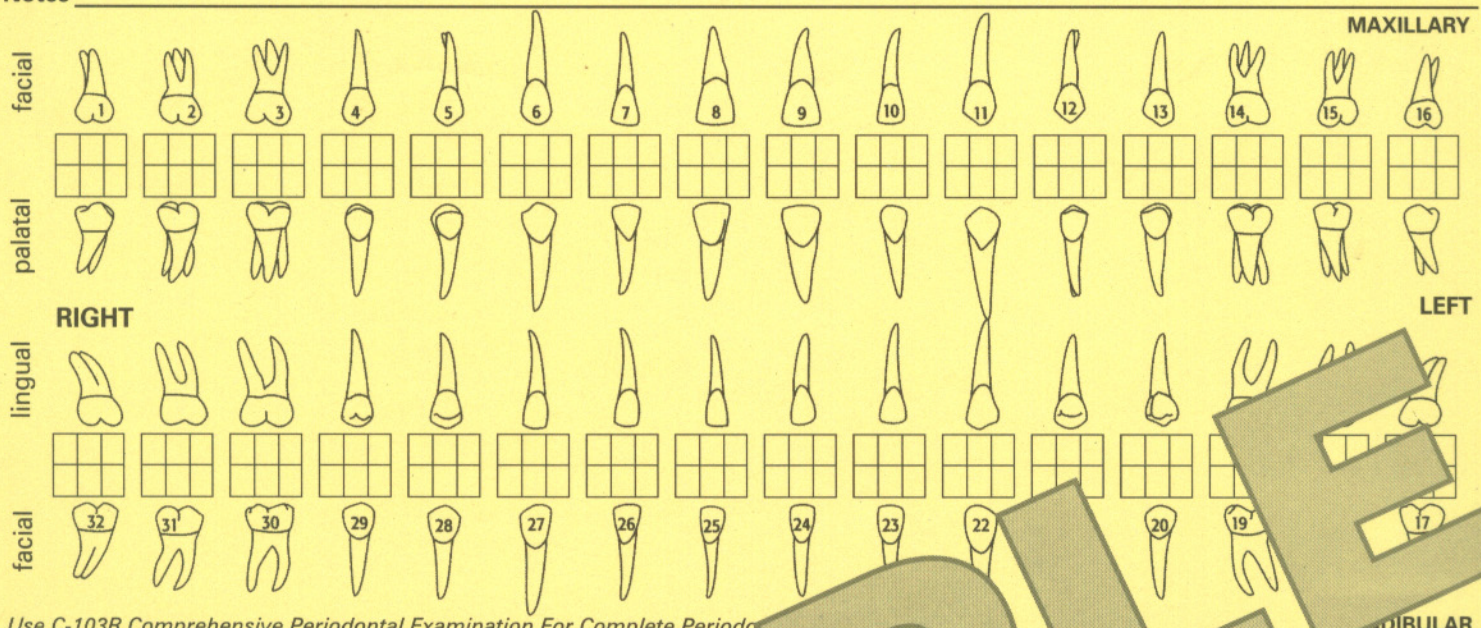
PATIENT NAME _____ DATE _____ DR. _____

Comments: _____ Case Type (I-V) _____

Diagnosis _____ Extent and Severity _____

Notes _____



Use C-103R Comprehensive Periodontal Examination For Complete Periodo

MANDIBULAR

TOOTH	PRESENT OR MISSING	PATHOLOGY	ECOMME	ATME	ACPTD	PRIOR	DATE COMP.
1							
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3							
4 A							
5 B							
6 C							
7 D							
8 E							
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20 K							
21 L							
22 M							
23 N							
24 O							
25 P							
26 Q							
27 R							
28 S							
29 T							
30							
31							
32							

SAMPLE