

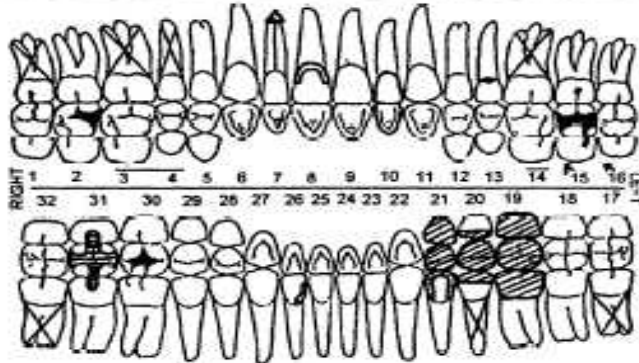
HEALTH RECORD

DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION			2. TYPE OF EXAM			3. DENTAL CLASSIFICATION		
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> SEPARATION	<input type="checkbox"/> OTHER (Specify)	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. MISSING TEETH AND EXISTING RESTORATIONS



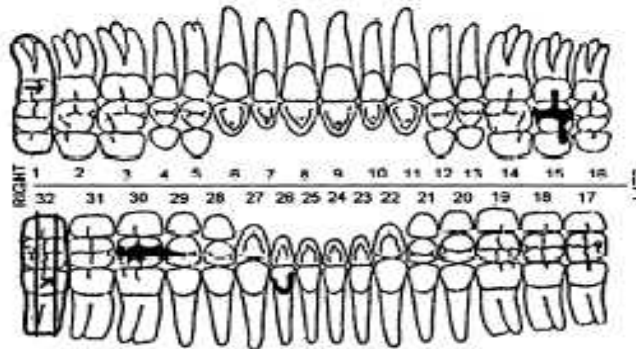
REMARKS
 Chrome alloy Max. RPD with acrylic teeth replacing 3, 4, 14

PLACE OF EXAMINATION
 NDC, SAN DIEGO, CA

DATE
 20 Jan 88

SIGNATURE OF DENTIST COMPLETING THIS SECTION
Paul T. Banta CAPT, DC, USN

5. DISEASES ABNORMALITIES, AND X-RAYS



A. CALCULUS			
SURF I	<input checked="" type="checkbox"/> SURF II	SEVERE	HEAVY
B. PERIODONTITIS			
<input checked="" type="checkbox"/> LOCAL	<input type="checkbox"/> GENERAL		
<input type="checkbox"/> INCIPENT	<input checked="" type="checkbox"/> MODERATE	<input type="checkbox"/> SEVERE	
C. STOMATITIS (Specify)			
<input type="checkbox"/> GINGIVITIS	<input type="checkbox"/> VINCENT'S		
D. DENTURES NEEDED (include dentures needed after included substitutes)			
FULL		PARTIAL	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABNORMALITIES OF OCCLUSION-REMARKS			
2 mm Diastema between 8 and 9			
15 and 16 tilted mesially so only distal cusps in occlusion			

E. INDICATE X-RAYS USED IN THIS EXAMINATION			
<input type="checkbox"/> FULL MOUTH PERIAPICAL	<input checked="" type="checkbox"/> POSTERIOR BITE-WINGS	<input type="checkbox"/> OTHER (Specify)	<input checked="" type="checkbox"/> PANO
DATE 20 Jan 88	PLACE OF EXAMINATION NDC, SAN DIEGO, CA		SIGNATURE OF DENTIST COMPLETING THIS SECTION <i>Paul T. Banta</i> CAPT, DC, USN

SECTION II. PATIENT DATA			
6. SEX M	7. RACE CAU	8. GRADE, RATING OR POSITION SR	9. ORGANIZATION UNIT
10. COMPONENT OR BRANCH		11. SERVICE DEPT. OR AGENCY USN	
12. PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME DOE, John NMN			14. IDENTIFICATION NO. 111-11-1111
13. DATE OF BIRTH (MONTH-YEAR) 1 Aug 66			