















EXAMINATION REPORTING CODE:

1	Please record examination results (including dental X-rays) in the report form with symbols and colors.
Tooth previously extracted	 RED
Tooth Now requiring extraction	 RED
Previous filling – in sound condition	 BLACK
Previous filling – now requires attention	 RED
Cavity requiring filling	 RED
Root abscesses	 RED
Gingivitis	 RED
Periodontitis	 RED
Bridge (in sound condition)	 BLACK
Bridge requiring attention	 RED
Crown – in sound condition	 BLACK
Crown – requiring attention	 RED
Wisdom teeth impacted	 RED
2	<p>Please mark position of artificial teeth currently on dentures as per illustration:</p>  BLACK