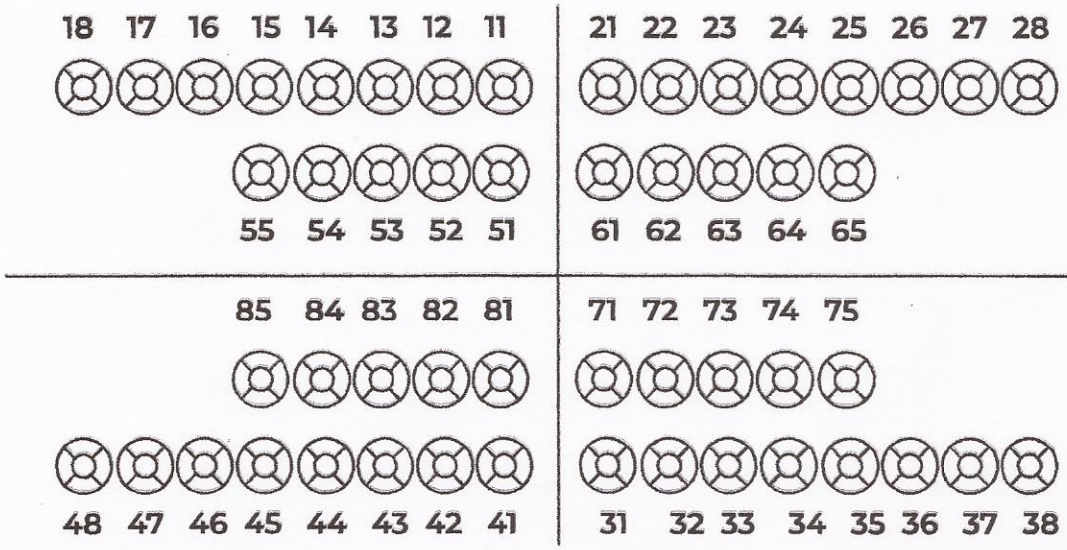
# Odontogram

**Patient Name:**_____ **Date:** ___/___/___




| | | | |
|---|---|---|---|
| Tooth O Decay | Crown ■ | | Healthy Tooth ✓ |
| Extraction = | Prosthesis □ | Root Remainder \ | Implant \| |
| Missing Tooth X | Fixed Pretesis ⌐ | Gingivitis = | Bridge Support |
| Caries Seal ◻ | AM Amalgam | Unupholstered Tooth | T Trauma |
| Y Embedding | ↑ Root Canal Treatment | B Periodontal Pockets | M Mobility |
| FI Fluorosis | Alterations Form, Number, Size AL | R Resin | I ionomer |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