Extraoral Examination

Patient Name:_____ Date:___/___/___

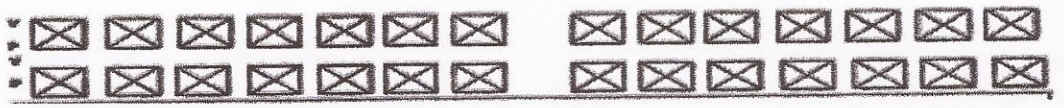
Diagnostic Assistants (append originals)

X-rays:_____

Cabinet Studies:_____

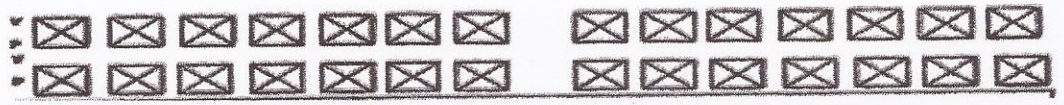
Other:_____

Dentobacterial Plaque Control



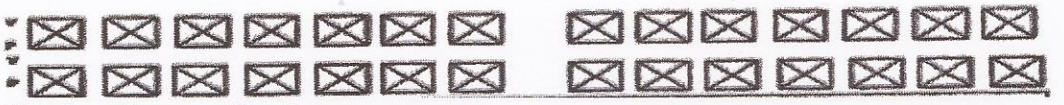
Total surfaces with plaque:___ Teeth Present X4___ X100 = _____%

Date:___/___/___



Total surfaces with plaque:___ Teeth Present X4___ X100 = _____%

Date:___/___/___



Total surfaces with plaque:___ Teeth Present X4___ X100 = _____%

Date:___/___/___

Total surfaces with plaque:___ Teeth Present X4___ X100 = _____%

Date:___/___/___

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