

Periodontogram

Patient Name: _____

Date: ____/____/____

Quadrant I										Quadrant II									
Pieza	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8		
PS-3																			
PS-2																			
E.O.																			
E.Ad																			
Fu																			
Mov																			
Rec																			
PS-1																			

Buccal	

Pieza	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
PS-1																	
Rec																	
Mov																	
Fur																	
E.Ad																	
E.O.																	
PS-2																	
PS-3																	

Quadrant IV										Quadrant III							
Pieza	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
PS-3																	
PS-2																	
E.O.																	
E.Ad																	
Fu																	
Mov																	
Rec																	
PS-1																	

Lingual	

Pieza	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
PS-1																	
Rec																	
Mov																	
Fur																	
E.Ad																	
E.O.																	
PS-2																	
PS-3																	

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