

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

Campus: _____

ALLERGIC TO: _____

STUDENT []
 FACULTY []
 STAFF []

DENTAL HEALTH RECORD

PRINT NAME _____ AGE _____ SEX _____ REL. _____ C.S. _____

LAST FIRST MIDDLE

DATE OF BIRTH _____ OFFICE / DEPARTMENT _____

ADDRESS _____ OCCUPATION _____

PARENT /GUARDIAN _____ RELATION _____

ADDRESS _____ TEL. NO. _____ OFFICE/DEPT. _____

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OPERATION
CONDITION

55	54	53	52	51	61	62	63	64	65
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MARKINGS ON BLOCKS FOR CONDITION OPERATION

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LEGEND

CARRIES FREE SOUND TOOTH

C - DENTAL CARIES

CI - DENTAL CARIES W/ EXPOSED

PS - PULPILIS PULP

AS - ABSCESS

RF - ROOT FRAGMENT

CS - CALCULUS

GS - GINGIVITIS

PA - PHYORRHEA

TF - TEMPORARY FILLING

PF - PERMANENT FILLING

M - MISSING

AB - ABUTMENT

GC - GOLD CROWN

GI - GOLD INLAY

JC - JACKET CROWN

PG - PRESCRIPTION GIVEN

OS - OTHERS SPECIFY

AFFIX - INDICATED FOR EXTRACTION

X - EXTRACTED

UN - UNERUPTED

OPERATION
CONDITION

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18 17 16 15 14 13 12 11 21 22 23 24 25 26 27

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

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OPERATION
CONDITION

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85	84	83	82	81	71	72	73	74	75										

RIGHT
OPERATION
CONDITION

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Findings: _____

Recommendations: _____

 DENTIST
 PRC License No.: _____
 Date of Examination: _____