

**UCSD
Free Dental Clinic
Dental Examination & Problem List**

Patient's Name _____
Last
First
M.I.
Age
Exam Date

Existing Conditions

Tooth #	Maxilla	Tooth #	Mandible
1		17	
2		18	
3		19	
4A		20K	
5B		21L	
6C		22M	
7D		23N	
8E		24O	
9F		25P	
10G		26Q	
11H		27R	
12I		28S	
13J		29T	
14		30	
15		31	
16		32	
Prosthetics:			

<p>Periodontal Screening/Exam Class : No Disease / I II III IV</p> <p>Oral Cancer Exam</p> <p>Orthodontic Evaluation</p> <hr/> <p>Other Observations</p>

Diagnosis & Recommended Treatment

Tooth #	Problem	Treatment Recommended	Date Resolved	Initial
1				
2				
3				
4A				
5B				
6C				
7D				
8E				
9F				
10G				
11H				
12I				
13J				
14				
15				
16				

Tooth #	Problem	Treatment Recommended	Date Resolved	Initial
17				
18				
19				
20K				
21L				
22M				
23N				
24O				
25P				
26Q				
27R				
28S				
29T				
30				
31				
32				

Periodontal Tx: _____

Prosthetics: _____

Examining Dentist _____

Dentist Signature _____