UCSD
FREE DENTAL CLINIC

NAME _____ INIT

PROBE
DATE 3
DATE 2
DATE 1

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

FACIAL

R L

LINGUAL

PROBE
1
2
3

Upper Mobility

1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3

Lower Mobility

PROBE
3
2
1

FACIAL

R L

LINGUAL

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

PROBE
DATE 3
DATE 2
DATE 1

DATE _____ SIGNIFICANT FINDINGS

1A **PERIDONTAL EXAMINATION** Date Revised 9/23/10