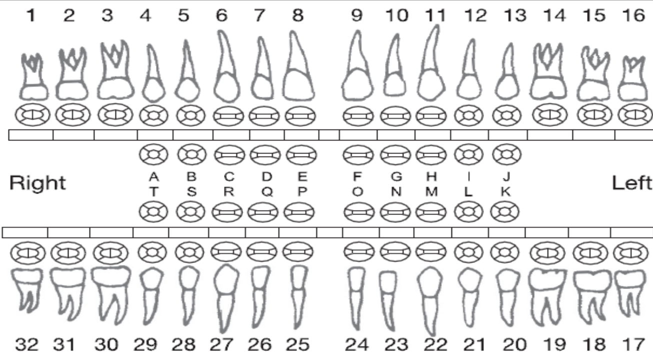
Aava DENTAL

Clinical Examination

Patient Name: Date:

MISSING TEETH & EXISTING RESTORATION	HEALTH HISTORY REVIEW 0 No Change 0 See Note



Note:

SRP:		Referral:	Occlusal Evaluations: 0 I 0 II 0 III	
UR	UL	0 ORTHO 0 PEDO 0 PERIO 0 ENDO 0 ORAL SURG.	Periodontal Type: 0 I 0 II 0 III 0 IV	
LR	LL		Soft Tissue Exam	0 WNL
			Cancer Screening	0 WNL
			TMJ Exam	0 WNL

Patient's Chief Complaint:	Note:
Vital Signs:	Max: 0 FUD 0 FUDI 0 PUD 0 USP Mand: 0 FLD 0 FLDI 0 PLD 0 LSP

Tooth Number	Initial Diagnosis:	Restoration:	Fee:	Alternate Restoration:	Fee:	Comments:
1						
2						
3						
4 A						
5 B						
6 C						
7 D						
8 E						
9 F						
10 G						
11 H						
12 I						
13 J						
14						
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24 O						
25 P						
26 Q						
27 R						
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