Job Corps Oral Examination Record

A. Examination Type:  
(choose one)  
[ ] Initial Examination  
[ ] Recall Examination

B. Priority Classification:  
(circle one)  
1  2  3  4

C. Number of X-rays Read:  
____ Bitewings  ____ Periapicals  ____ Other (specify):

D. Missing Teeth and Existing Restorations

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E. Diseases and Abnormalities

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F. Plaque/Calculus:  
(choose one)  
[ ] No Plaque/Calculus  
[ ] Slight Plaque  
[ ] Moderate Plaque  
[ ] Heavy Plaque  
[ ] Calculus

G. Perio Assessment:  
(choose one)  
[ ] No Gingivitis or Periodontitis  
[ ] Gingivitis  
[ ] Early Periodontitis  
[ ] Moderate Periodontitis  
[ ] Advanced Periodontitis

H. Caries-Risk Level:  
(choose one)  
[ ] Low  
[ ] Moderate  
[ ] High  
[ ] Extreme

I. Soft-Tissue Findings:  
[ ] None

J. Other:  
(use reverse side if additional space is needed)

K. Treatment Plan:  
(use reverse side if additional space is needed)

Center Dentist Signature:  
Date:  
Last Updated: May 2013