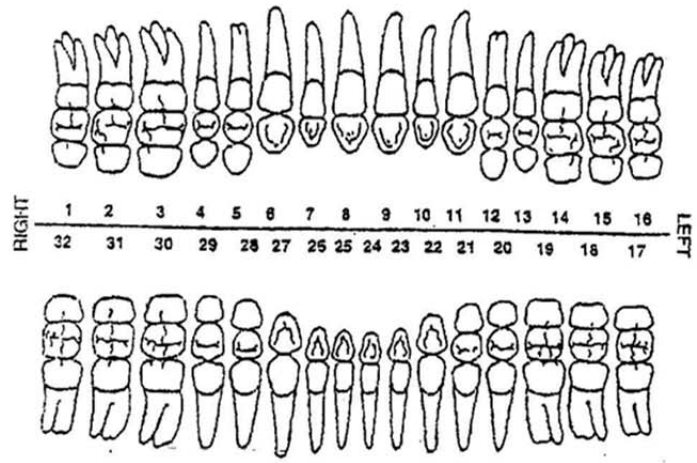
Student Name: _____ Student ID: _____

Job Corps Oral Examination Record

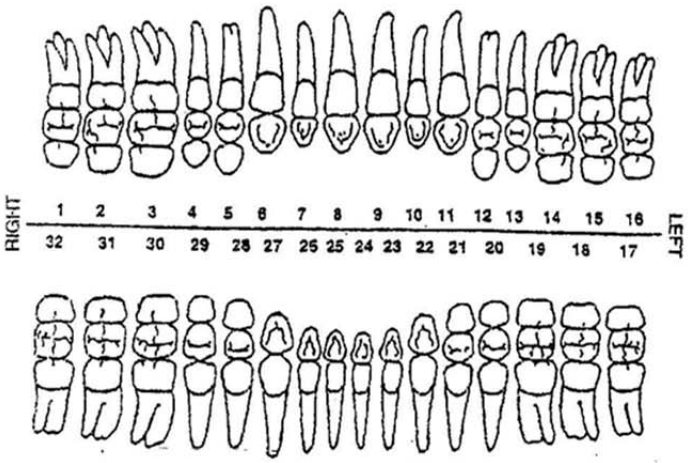
A. Examination Type:	(check one) [ ] Initial Examination [ ] Recall Examination
B. Priority Classification:	(circle one) 1 2 3 4
C. Number of X-rays Read:	_____ Bitewings _____ Periapicals _____ Other (Specify): _____

D. Missing Teeth and Existing Restorations



REMARKS

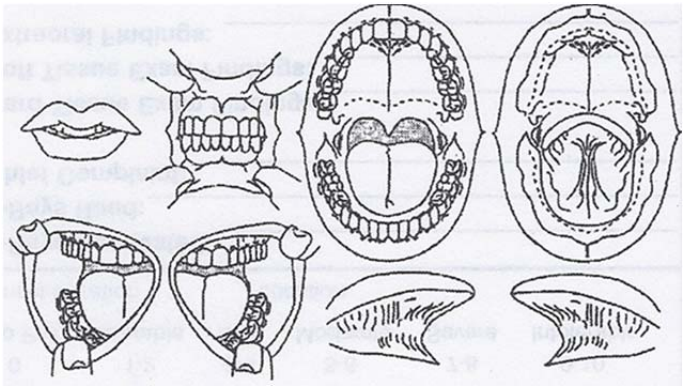
E. Diseases and Abnormalities



REMARKS

F. Plaque/Calculus:	(check one) [ ] No Plaque/Calculus [ ] Slight Plaque [ ] Moderate Plaque [ ] Heavy Plaque [ ] Calculus
G. Perio Assessment:	(check one) [ ] No Gingivitis or Periodontitis [ ] Gingivitis [ ] Early Periodontitis [ ] Moderate Periodontitis [ ] Advanced Periodontitis
H. Caries-Risk Level:	(check 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