UNIVERSITY OF THE PHILIPPINES VISAYAS

HEALTH SERVICES UNIT

Iloilo City

DENTAL HEALTH RECORD

Name ______________________ **Age** ____ **Sex** _____ **Civil Status** ________

Surname *First Name* *M.I.*

Address ______________________________

Birthdate ________________ **Nationality** ______________

(mm/dd/yyy)

Contact Number ______________ **Course/Designation** ______________

STATUS
RIGHT

55	54	53	52	51	61	62	63	64	65

LEFT

TEMPORARY TEETH

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28

PERMANENT TEETH

48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

TEMPORARY TEETH

85	84	83	82	81	71	72	73	74	75

STATUS
RIGHT

LEFT

REMARKS				
DATE OF EXAMINATION				

Legend:

✓	- Caries Free	Am	-Amalgam Filling
D	- Decayed (Caries indicated for filling)	Co	- Composite Filling
O	- Indicated for Extraction	S	- Sealants
X	- Extracted Tooth	Ab	- Abutment
XO	- Extraction due to Other Causes	Imp	- Implant
Im	- Impacted Tooth	FB	- Fixed Bridge
Sp	- Supernumerary Tooth	AJC	- Acrylic Jacket Crown
Rf	- Root Fragment	PJC	- Porcelain Jacket Crown
Un	- Unerupted	Rm	- Removable Denture
CM	- Congenitally Missing	CD	- Complete Denture

DATE	TOOTH NO.	DIAGNOSIS/TREATMENT	REMARKS