

Oakwood University

Health and Counseling Services

7000 Adventist Blvd. - Huntsville, AL 35896 - Phone: 256-726-7840 - Fax: 256-726-7471 - Email: ouhs@oakwood.edu

Dental Examination Record

(To be completed by the student)

Last Name: _____ First: _____ Middle: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____ SSN: _____

Report of Examination

(To be completed by the Dentist)

	TOOTH CHART																
	RIGHT								LEFT								
Upper	1	2	3	4 A	5 B	6 C	7	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
Lower	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
Upper																	Upper
Lower																	Lower

TREATMENT NEEDS (Check all that apply):

- Urgent treatment: _____
- Restorative care: _____
- Preventative care: _____
- Other: _____

Necessary treatment provided? Yes _____ No _____

Additional Remarks: _____

Print Name or Clinic Stamp: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Dentist's Signature: _____ Date: _____