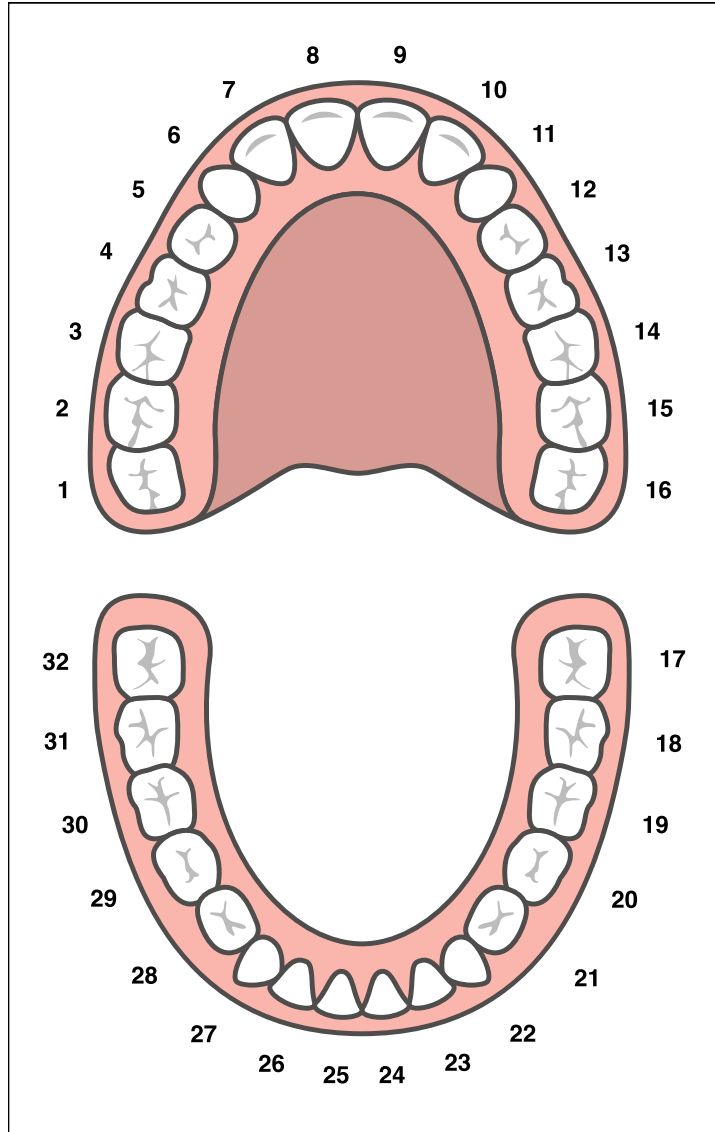


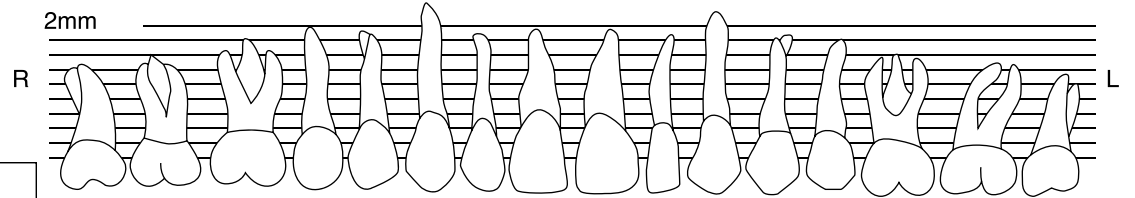
# Dental Charting

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Contact information: \_\_\_\_\_

Gender: \_\_\_\_\_ Patient number: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

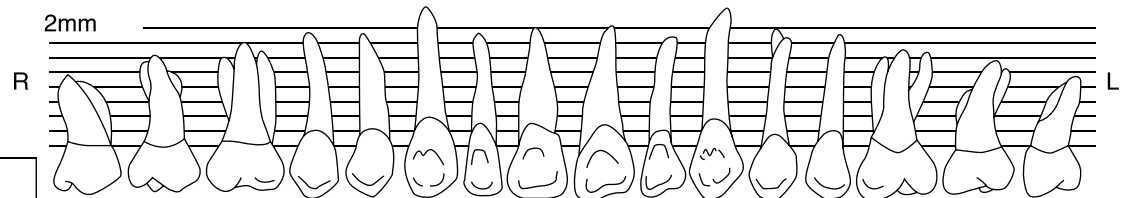


## Buccal



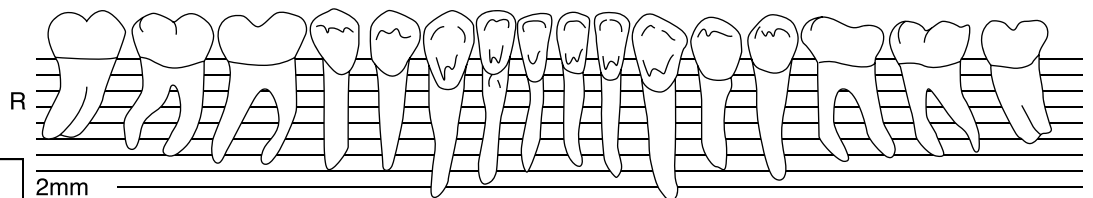
	Date																	
Recession																		
Pocket depth																		
Mobility																		

## Palatal



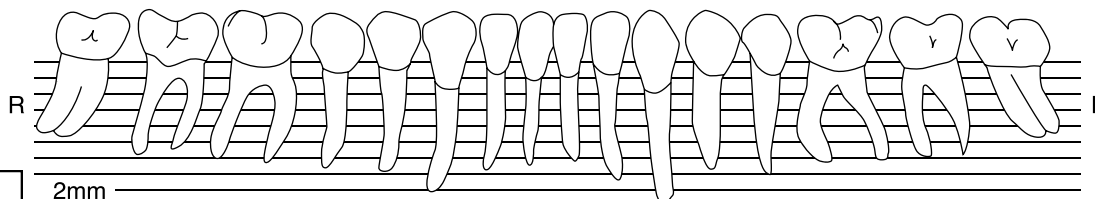
	Date																	
Recession																		
Pocket depth																		

**Lingual**



	Date	2mm																		
Recession																				
Pocket depth																				

**Buccal**



	Date	2mm																		
Recession																				
Pocket depth																				
Mobility																				

**Additional notes**

Date	Tooth number	Condition / treatment needed

Dentist's name: \_\_\_\_\_

Signature: \_\_\_\_\_

License number: \_\_\_\_\_

Date: \_\_\_\_\_