

# Dental Radiograph Chart

<b>Clinic information</b>	
Clinic name:	
Dentist:	
Date:	
<b>Patient information</b>	
Name:	Age:
Date of birth:	Patient ID:
<b>Radiograph details</b>	
Date of x-ray:	Technician:
Type of radiograph:	
<input type="checkbox"/> Bitewing	Panoramic
<input type="checkbox"/> Periapical	Other (specify):
<b>Radiograph findings</b>	
<b>1. Bitewing x-rays</b>	
<b><i>Left side findings</i></b>	
Tooth numbers:	
Observations:	
<b><i>Right side findings</i></b>	
Tooth numbers:	
Observations:	
<b>2. Periapical x-rays</b>	
<b><i>Upper teeth findings</i></b>	
Tooth numbers:	
Observations:	
<b><i>Lower teeth findings</i></b>	
Tooth numbers:	
Observations:	

### 3. Panoramic x-ray

#### **Overall observations**

Sinuses:

Jaw bones:

Soft tissues:

Other relevant features:

#### **Diagnostic implications**

Preliminary diagnosis:

Noted abnormalities:

Cavities

Gum disease

Impacted teeth

Bone loss

Other (specify):

#### **Recommended treatment / next steps**

Immediate actions:

Referral recommendations:

Follow-up requirements:

#### **Dentist's signature**

Name:

Date:

#### **Notes**

Additional comments: