

Dental Radiograph Chart

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

3. Panoramic x-ray

Overall observations

Sinuses:

Jaw bones:

Soft tissues:

Other relevant features:

Diagnostic implications

Preliminary diagnosis:

Noted abnormalities:

Cavities

Bone loss

Gum disease

Other (specify):

Impacted teeth

Recommended treatment / next steps

Immediate actions:

Referral recommendations:

Follow-up requirements:

Dentist's signature

Name:

Date:

Notes

Additional comments: