

Assessment of Teeth

Form 7

Surname _____

Forename _____

Age

Sex

For office use

D D M M Y Y

CHI Number

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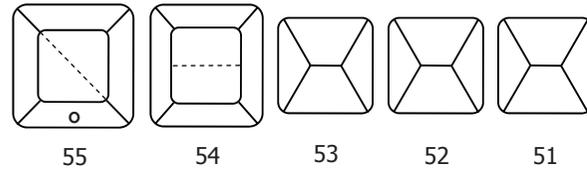
Examination Date

Day

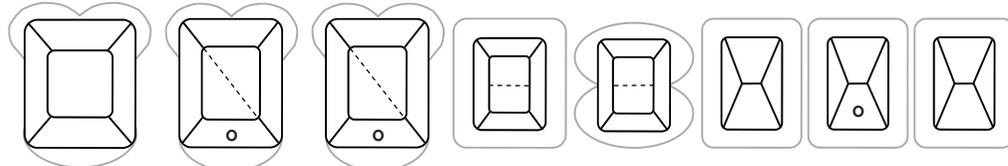
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Year

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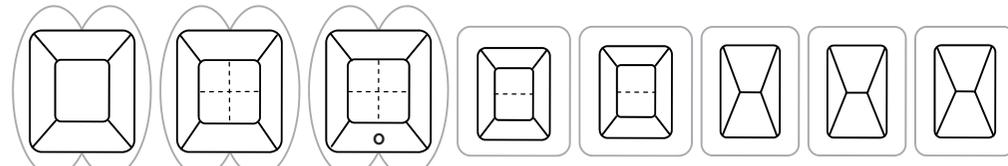


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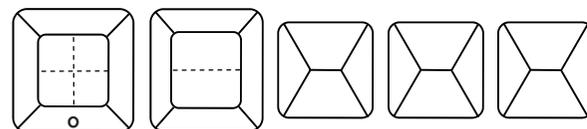
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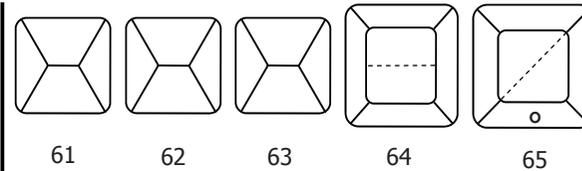
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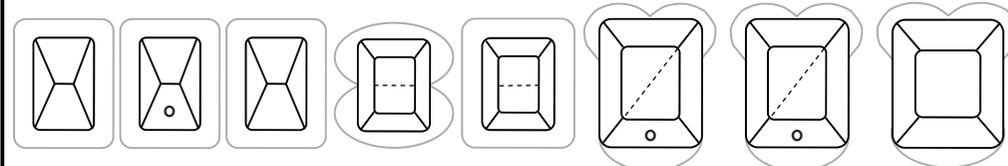


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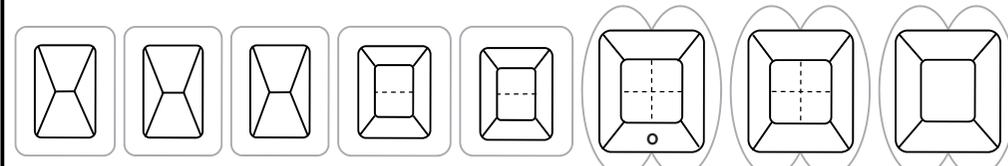


61 62 63 64 65



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31 32 33 34 35 36 37 38



31 32 33 34 35 36 37 38

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Type of examination completed: Basic Full

Signature of Practitioner _____

Date _____