

# 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: \_\_\_\_\_