

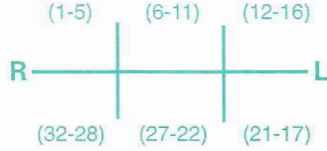
PerioWise® Screening Record

PATIENT _____

Mark the sextant(s) that have Gingivitis.

DATE _____

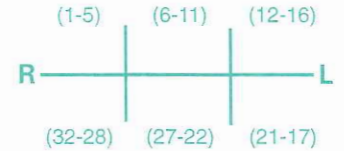
- HEALTH
- GINGIVITIS
- PERIODONTITIS
(Complete examination and recording recommended)



REMARKS _____

DATE _____

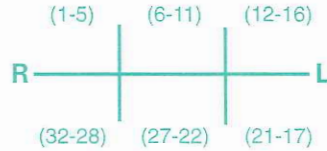
- HEALTH
- GINGIVITIS
- PERIODONTITIS
(Complete examination and recording recommended)



REMARKS _____

DATE _____

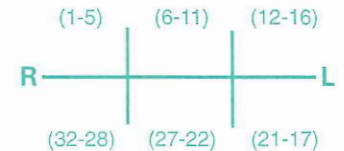
- HEALTH
- GINGIVITIS
- PERIODONTITIS
(Complete examination and recording recommended)



REMARKS _____

DATE _____

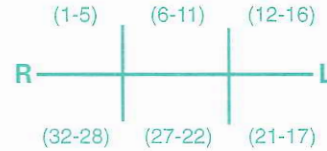
- HEALTH
- GINGIVITIS
- PERIODONTITIS
(Complete examination and recording recommended)



REMARKS _____

DATE _____

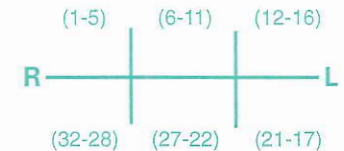
- HEALTH
- GINGIVITIS
- PERIODONTITIS
(Complete examination and recording recommended)



REMARKS _____

DATE _____

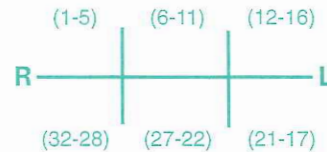
- HEALTH
- GINGIVITIS
- PERIODONTITIS
(Complete examination and recording recommended)



REMARKS _____

DATE _____

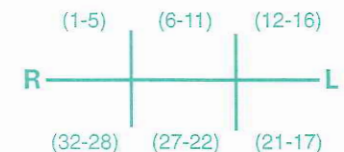
- HEALTH
- GINGIVITIS
- PERIODONTITIS
(Complete examination and recording recommended)



REMARKS _____

DATE _____

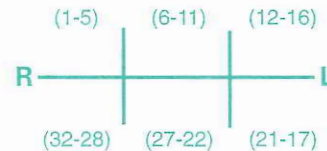
- HEALTH
- GINGIVITIS
- PERIODONTITIS
(Complete examination and recording recommended)



REMARKS _____

DATE _____

- HEALTH
- GINGIVITIS
- PERIODONTITIS
(Complete examination and recording recommended)



REMARKS _____

DATE _____

- HEALTH
- GINGIVITIS
- PERIODONTITIS
(Complete examination and recording recommended)



REMARKS _____