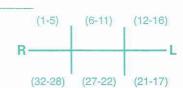
Mark the sextant(s) that have Gingivitis.

DATE



PERIODONTITIS (Complete examination and recording recommended)

REMARKS

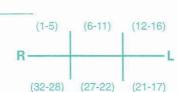


DATE



(Complete examination and recording recommended)

REMARKS



DATE ____

☐ HEALTH GINGIVITIS

PERIODONTITIS

(Complete examination and recording recommended) REMARKS

(1-5)	(6-11)	(12-16)
(32-28)	(27-22)	(21-17)

DATE



(Complete examination and recording recommended)

REMARKS

(1-5)	(6-11)	(12-16)
(32-28)	(27-22)	(21-17)

DATE



PERIODONTITIS (Complete examination and recording recommended)

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GINGIVITIS

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DATE ____

HEALTH
GINGIVITIS

☐ PERIODONTITIS (Complete examination and

recording recommended) REMARKS

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DATE

HEALTH GINGIVITIS

☐ PERIODONTITIS (Complete examination and recording recommended)

REMARKS



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REMARKS