

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Facial	KG															
	B or S															
	Rec															
	Probe															
Mobility			D B M										M B D			
Palatal	Probe															
	Rec															
	B or S															
Lingual	KG															
	B or S															
	Rec															
	Probe															
Mobility																
			L B											B L		
Buccal	Probe															
	Rec															
	B or S															
	KG															

Date of Examination: \_\_\_\_\_ Patient Code: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Plaque/Accretions:  Generalized  Localized  Slight  Moderate  Heavy

Bleeding on Probing:  Generalized  Localized  Slight  Moderate  Heavy

Caries or broken restorations: \_\_\_\_\_

Removable prosthetics: \_\_\_\_\_