

Patient Name _____ Charting Date _____
 Patient Date of Birth _____ Provider Name _____
 Patient ID Number _____ License Number _____
 National Provider Identifier _____

INFORMATION REQUIRED: NUMERICAL CHARTING OF POCKET DEPTHS, BONE LOSS, MOBILITIES, TEETH TO BE EXTRACTED AND MISSING TEETH. CHART AT LEAST TWO NUMBERS FOR FACIAL AND TWO NUMBERS FOR LINGUAL SURFACES OF EACH TOOTH.

Teeth to be extracted (#31)
 32 31 30



EXAMPLES

Missing Teeth (#19)
 19 18 17

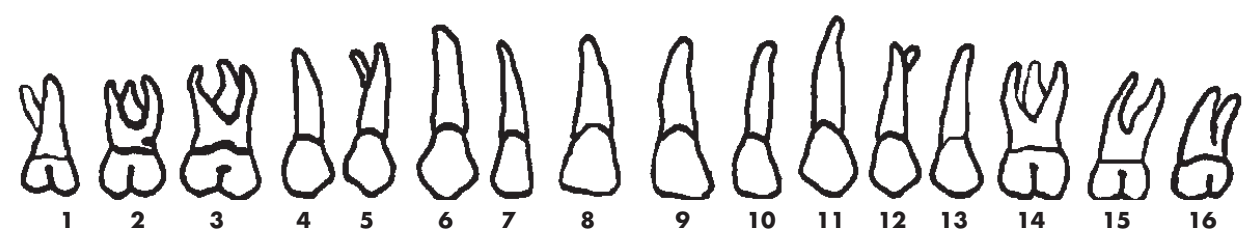


1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17


MOBILITY

- None = 0
- Slight = 1
- Moderate = 2
- Severe = 3

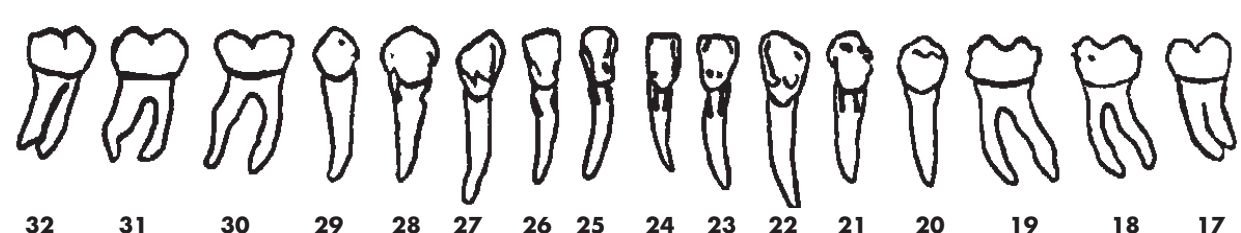
FACIAL



LINGUAL



LINGUAL



FACIAL

