

# ORAL EXAM FORM

VETERINARY SERVICES DEPT.

MEDICAL RECORD

SPECIES \_\_\_\_\_ ID \_\_\_\_\_ ACC# \_\_\_\_\_

SEX \_\_\_\_\_ AGE/BIRTHDATE \_\_\_\_\_ LOCATION \_\_\_\_\_

Reason for Requesting Oral Care \_\_\_\_\_

	WNL	Abnormalities		WNL	Abnormalities
Maxillary Sinus Area	<input type="checkbox"/>	_____	9. Buccal Mucosa	<input type="checkbox"/>	_____
Facial Bones	<input type="checkbox"/>	_____	10. Frenum Attachment	<input type="checkbox"/>	_____
Muscles of Mastication	<input type="checkbox"/>	_____	11. Breath	<input type="checkbox"/>	_____
TMJ	<input type="checkbox"/>	_____	12. Salivary Glands/Saliva	<input type="checkbox"/>	_____
Thyroid	<input type="checkbox"/>	_____	13. Palate/Rugae	<input type="checkbox"/>	_____
Cervical Lymphnodes	<input type="checkbox"/>	_____	14. Oropharynx Tonsillar Tissue	<input type="checkbox"/>	_____
Lips	<input type="checkbox"/>	_____	15. Tongue	<input type="checkbox"/>	_____
Nostrils	<input type="checkbox"/>	_____	16. Floor of Mouth	<input type="checkbox"/>	_____

OCCLUSION:

COMMENTS:

						GING	CALC	DEPTH	BL	MOB	REC										
						GING	CALC	DEPTH	BL	MOB	REC										
MOLARS	3	2	1	1	2																
	2	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
MOLARS	3	2	1	1	2																
	2	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
MOLARS	3	2	1	1	2																
	2	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
MOLARS	3	2	1	1	2																
	2	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																
	1	1	1	1	2																

↑ UPPER RIGHT      LOWER RIGHT ↓

↑ UPPER LEFT      LOWER LEFT ↓