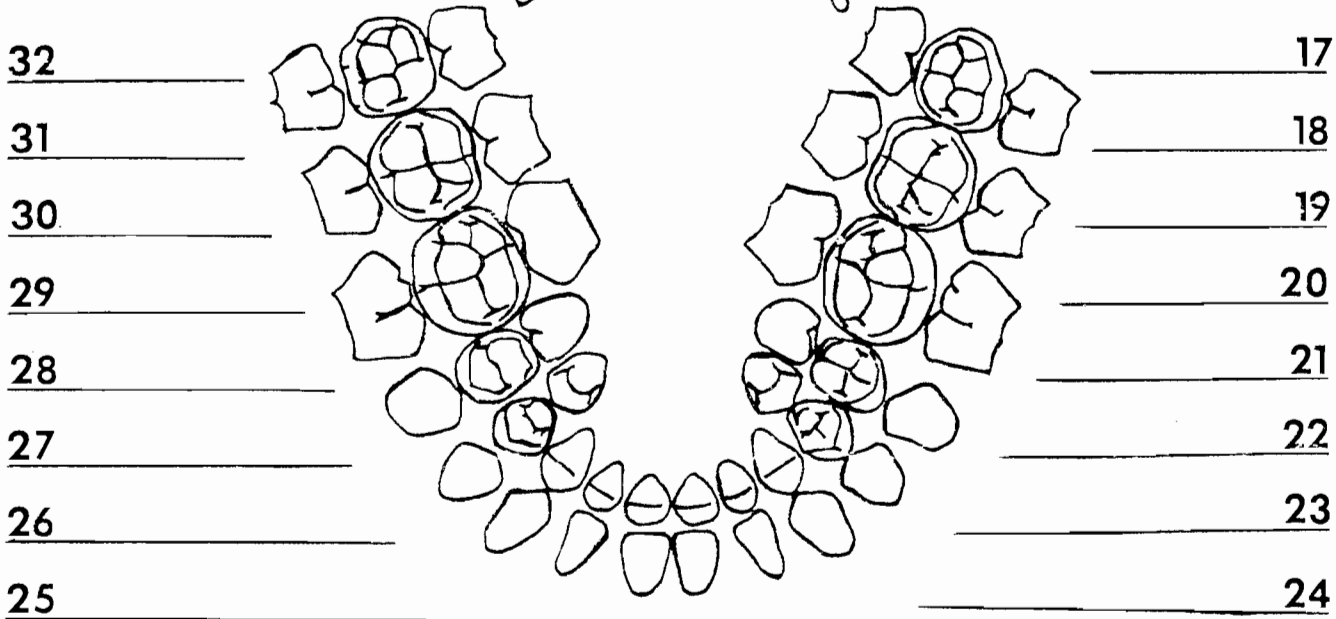
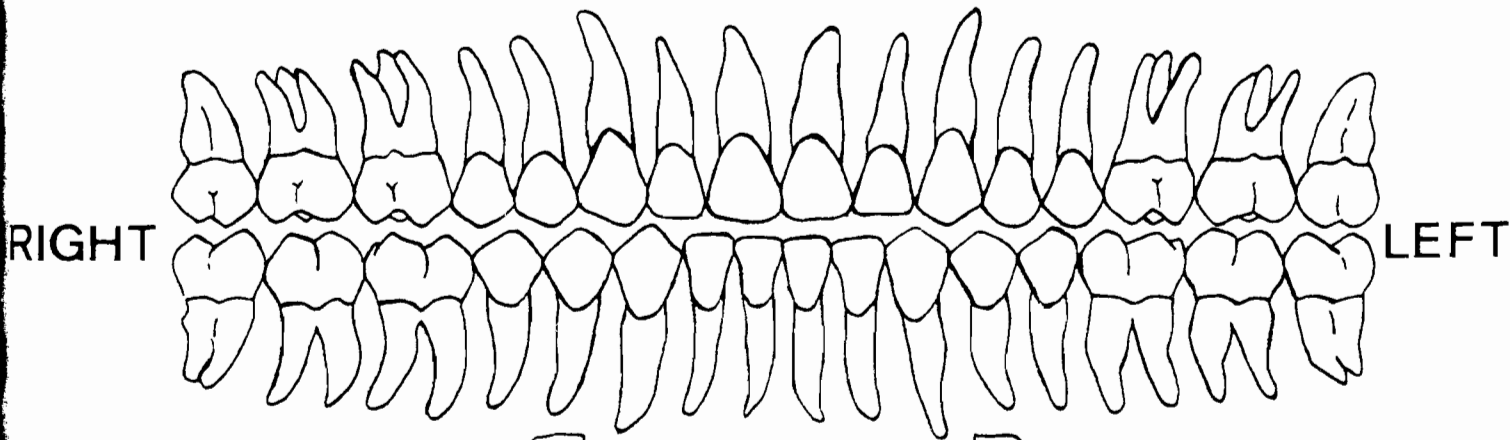
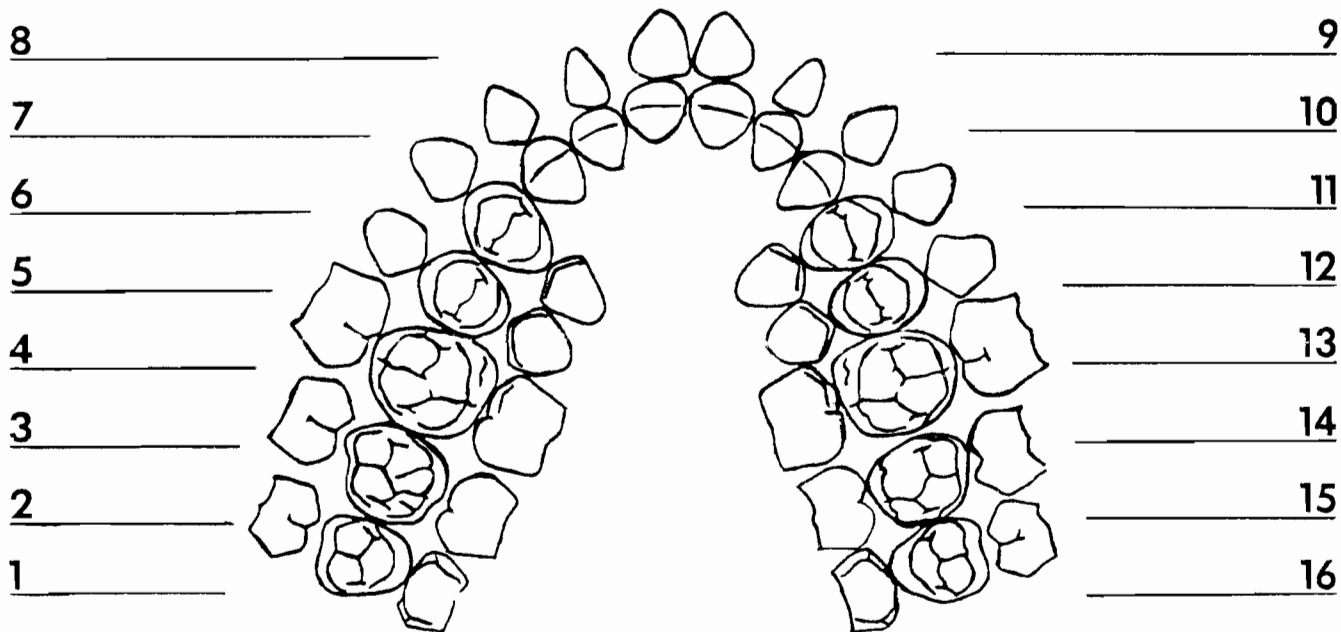




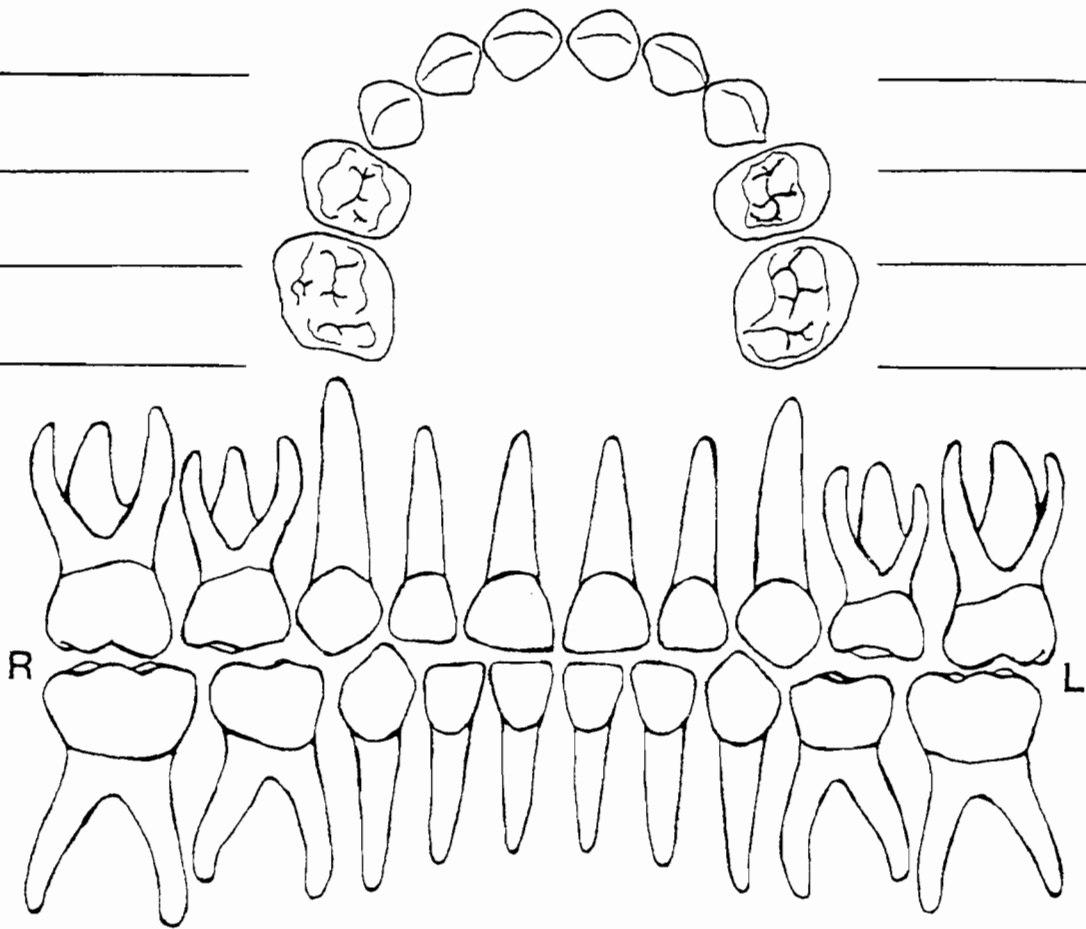
# DENTAL CHART

Case No.: \_\_\_\_\_ Date: \_\_\_\_\_



# DECIDUOUS DENTAL RECORD

E \_\_\_\_\_ F \_\_\_\_\_  
D \_\_\_\_\_ G \_\_\_\_\_  
C \_\_\_\_\_ H \_\_\_\_\_  
B \_\_\_\_\_ I \_\_\_\_\_  
A \_\_\_\_\_ J \_\_\_\_\_



T \_\_\_\_\_ K \_\_\_\_\_  
S \_\_\_\_\_ L \_\_\_\_\_  
R \_\_\_\_\_ M \_\_\_\_\_  
Q \_\_\_\_\_ N \_\_\_\_\_  
P \_\_\_\_\_ O \_\_\_\_\_