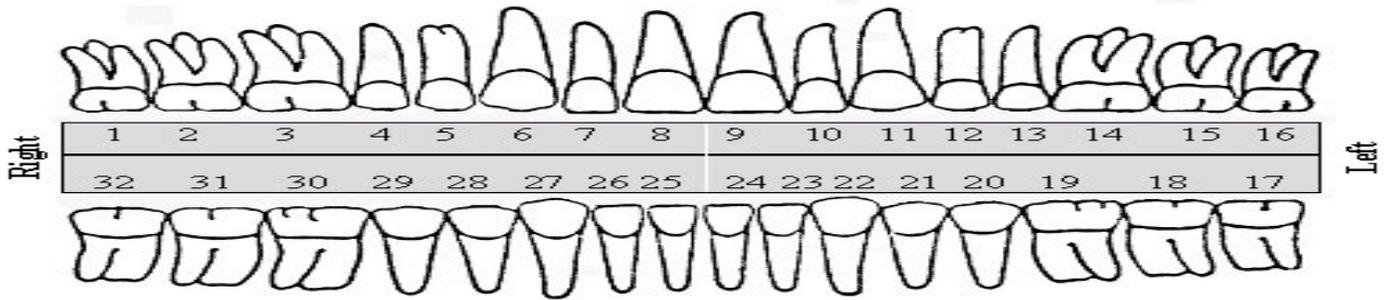


New Patient Dental Exam

Patient Name _____ EXAM



Date
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- 32 _____

RECORDS COLLECTED:
select all that apply

Case Presentation Date: _____

- FMX
- Panoramic
- IO Pics
- Perio Charting
- ConeBeam (CBCT) Taken
- Intraoral Scan Model

Area of Concern:
