

HEALTH RECORD

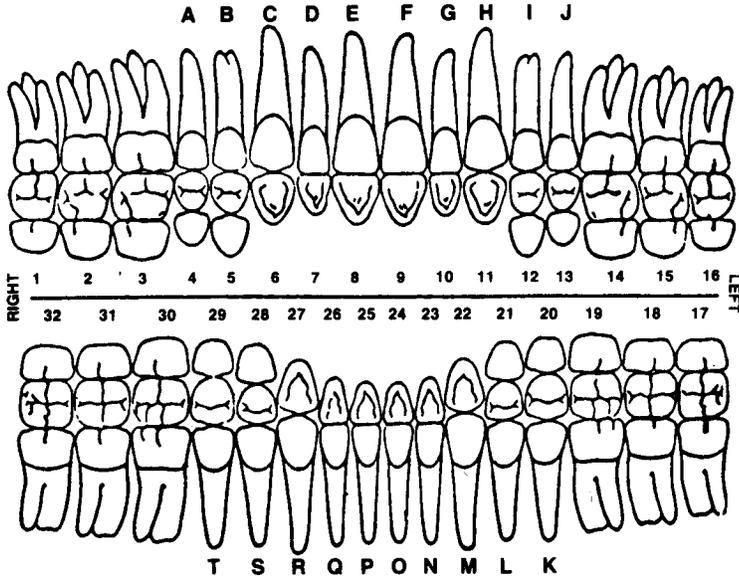
DENTAL

PAGE: 1

SECTION I. PRESENTING DENTAL STATUS

1. PURPOSE OF EXAMINATION			2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION			
INITIAL	SEPARATION	OTHER (Specify)	1	2	3	4	1	2	3	4

4. MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES

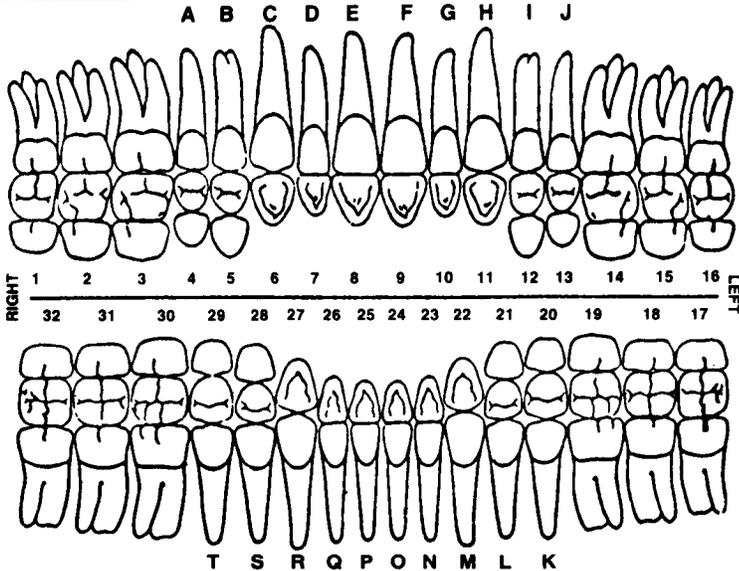


REMARKS

USE ONLY IF DIFFERENT FROM BOX 7 BELOW

PLACE OF EXAMINATION	DATE
SIGNATURE OF DENTIST COMPLETING THIS SECTION	

5. DISEASES AND ABNORMALITIES



REMARKS

7. EXAMINING DENTIST AND FACILITY

PLACE OF EXAMINATION	DATE
SIGNATURE OF DENTIST	

6. INDICATE X-RAYS USED IN THIS EXAMINATION

PANORAMIC RADIOGRAPHS	FULL MOUTH PERIAPICAL	POSTERIOR BITE-WINGS	OTHER:	NONE TAKEN
-----------------------	-----------------------	----------------------	--------	------------

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle Initial)			SEX
DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
SPONSOR'S NAME			RANK/GRADE
SSN OR IDENTIFICATION NO.		ORGANIZATION	

EXCEPTION TO SF 603
 APPROVED BY GSA/IRMS 1-91

DENTAL
 Standard Form 603
 (Rev. 10-75)

