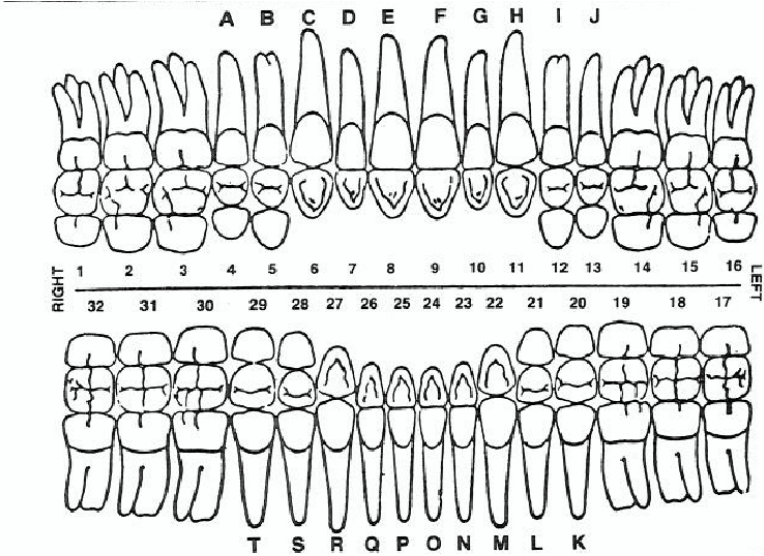


HEALTH RECORD	DENTAL
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SECTION I. PRESENTING DENTAL STATUS PAGE: 1

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

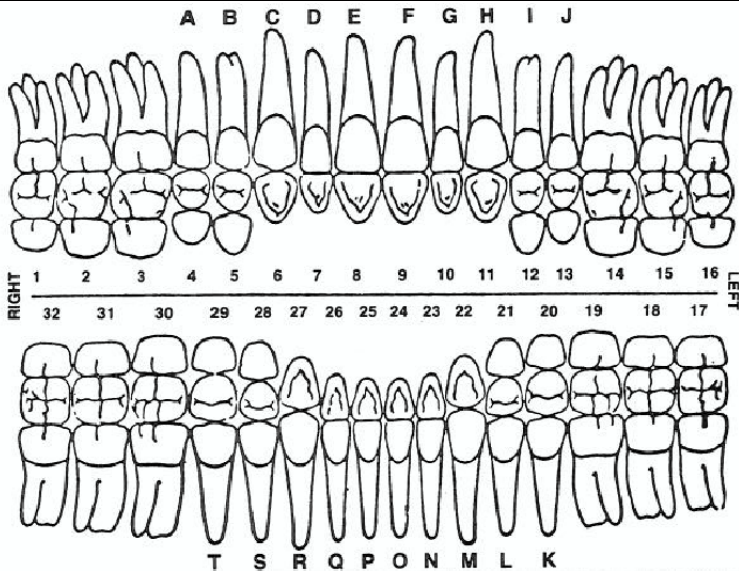


REMARKS

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
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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			

