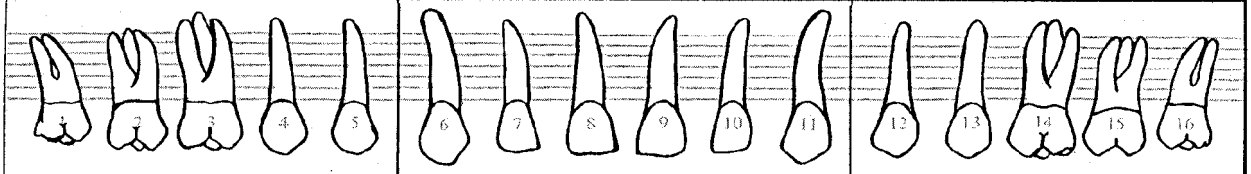
PERIODONTAL DIAGNOSIS AND TREATMENT PLAN

PROBE RECORD 3 2 1

F



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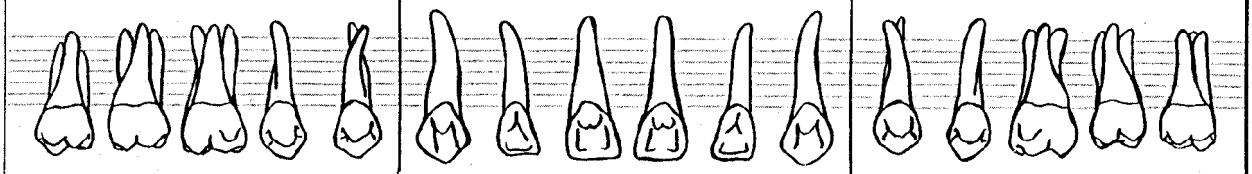

PROBE RECORD 1 2 3

SURG PLAN

PRE-OCCLUSAL ADJUSTMENT FINDINGS

CENTRIC RELATION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
CR CO																
RIGHT LATERAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
LEFT LATERAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
PROTRU-SIVE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

TMJ

HABITS

TONGUE

BRUXISM

OTHER

OPENING – M.M.

PROBE DATE 1. 2. 3.

NAME (*Last, First, Middle Initial*)

SSAN

SURG PLAN

PROBE RECORD 3 2 1

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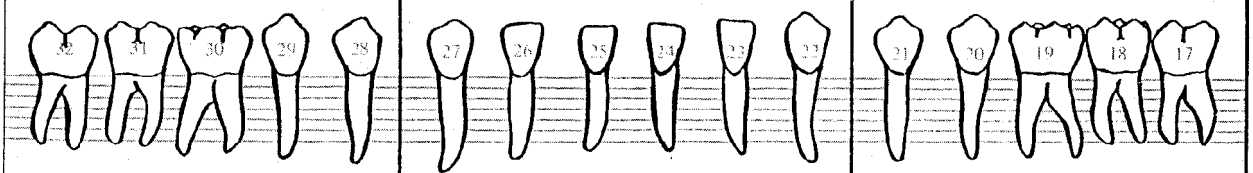

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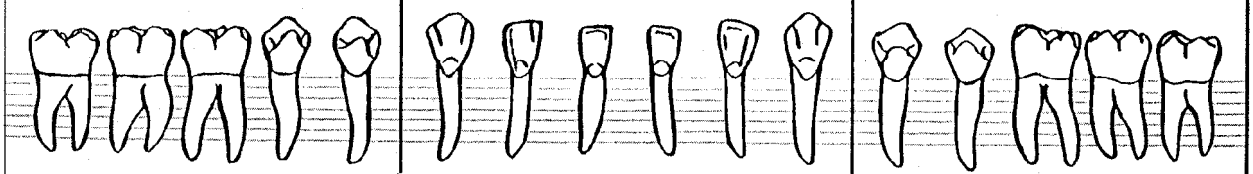

PROBE RECORD 1 2 3

SIGN MED HX

BP _____ / _____

MAINTENANCE RECOMMENDATIONS

AF FORM JUL 81 935