RECALL EXAMINATION

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SOFT PALA	ΛTE			BUCCAL MUCOSA												
HARD PAL	ATE			G	SINGIV	A										
LOOR OF	MOUT	H		PROSTHESIS												
LIPS				PERIO EXAM												
SKIN				ORAL HYGIENE												
RADIOGRAPHS				B/P						RDH/DDS						
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 $\underline{\mathsf{NOTE}}\text{: }\mathsf{The \ above \ form \ is \ intended \ to \ be \ a \ sample. \ }\mathsf{DentaQuest \ is \ not \ mandating \ the \ use \ of \ this \ form. \ }\mathsf{Please \ refer}$ to $\mathsf{State \ statutes \ for \ specific \ State \ requirements \ and \ guidelines.}$