

## RECALL EXAMINATION

PATIENT'S NAME \_\_\_\_\_

CHANGES IN HEALTH STATUS/MEDICAL HISTORY \_\_\_\_\_

	OK		OK	CLINICAL FINDINGS/COMMENTS
<b>LYMPH NODES</b>		TMJ		
PHARYNX		TONGUE		
TONSILS		VESTIBULES		
SOFT PALATE		BUCCAL MUCOSA		
HARD PALATE		GINGIVA		
FLOOR OF MOUTH		PROSTHESIS		
LIPS		PERIO EXAM		
SKIN		ORAL HYGIENE		
RADIOGRAPHS		B/P		

		<b>R</b>														<b>WORK NECESSARY</b>		<b>L</b>																	
TOOTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	TOOTH		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
SERVICE																		SERVICE																	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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SERVICE																		SERVICE																	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** The above form is intended to be a sample. DentaQuest is not mandating the use of this form. Please refer to State statutes for specific State requirements and guidelines.