

KOPRI Dental Check-up list

1. Experience of dental treatment Yes No

Treatment date	
treatment content	<input type="checkbox"/> tooth pain _____ <input type="checkbox"/> periodontitis _____ <input type="checkbox"/> restoration _____ <input type="checkbox"/> root rest _____ <input type="checkbox"/> maxillofacial surgery _____ <input type="checkbox"/> follow-up check _____ <input type="checkbox"/> etc _____

2. Orla examination result

soft tissue examination							
periodontal examination	BPE				Active periodontal disease		

third molar	Present	UR8		UL8		Potentially Sympronatic	UR8		UL8	
		LR8		LL8			LR8		LL8	

3. Radiographic result(If necessary attachment)

<input type="checkbox"/> PANO or FULL MOUTH SERIES	<input type="checkbox"/> BITEWING X-RAYS	<input type="checkbox"/> OTHER EXAM
validity 5 years	validity 1 years	

Remark:

4. Dentist opinion

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
Rt																	Lt
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	

Remark :

Dentist : _____ (sign) Organization : _____