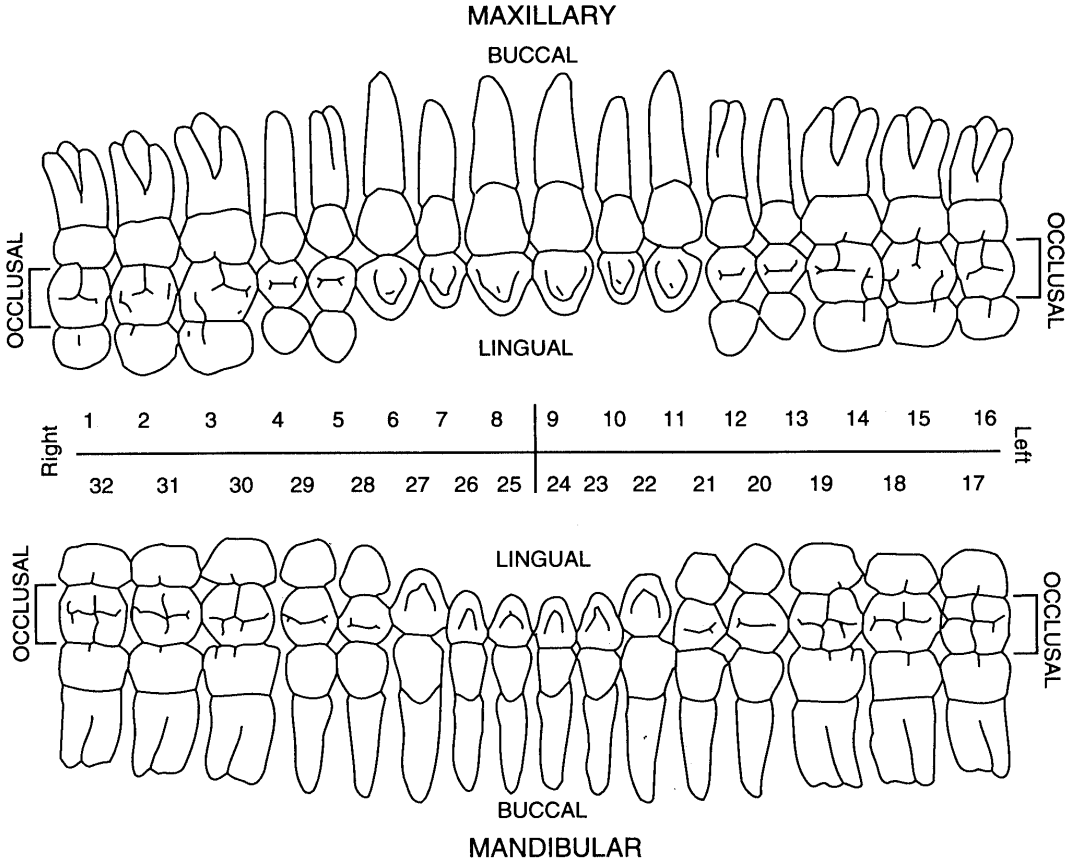


~~~~~ANTEMORTEM DENTAL RECORD~~~~~

SSN	Last name	First name	MI	Sex	DOB/ Age	Race
				M F		C M N U

I.D. No.: _____ Date of Reconstruction: _____



~~~~~Computer Description Codes~~~~~				~~~~~WinID Symbols~~~~~			
1	2	3	4	PRIMARY CODES		SECONDARY CODES	
1		17		C	CROWN	A	ANOMALY
2		18		D	DISTAL	B	PRIMARY TOOTH
3		19		F	FACIAL	E	RESIN
4		20		I	INCISAL	G	GOLD
5		21		J	MISSING/TRAUMA	H	PORCELAIN
6		22		L	LINGUAL	N	NONGOLD METAL
7		23		M	MESIAL	P	PONTIC
8		24		O	OCCLUSAL	Q	¾ CROWN
9		25		U	UNERUPTED	R	ROOT CANAL
10		26		V	NONRESTORED	S	SILVER AMALGAM
11		27		X	EXTRACTED	T	DENTURE TOOTH
12		28		/	NO INFORMATION	Z	TEMP FIL/CARIES
13		29					
14		30					
15		31		X-Ray type:	_____	Date:	_____
16		32		X-Ray type:	_____	Date:	_____
Remarks:				X-Ray type:	_____	Date:	_____
				Examiners:	_____		

