

ORAL EXAMINATION REPORT

(All Sections must be completed)

Please send all claims and inquiries to: PT. International Services Pacific Cross,
Chase Plaza Tower 19th Floor, Jl. Jend. Sudirman Kav. 21, Jakarta 1290, Indonesia
t. (+62.21) 25989878 f. (+62.21) 25989879 www.pacificcross.co.id

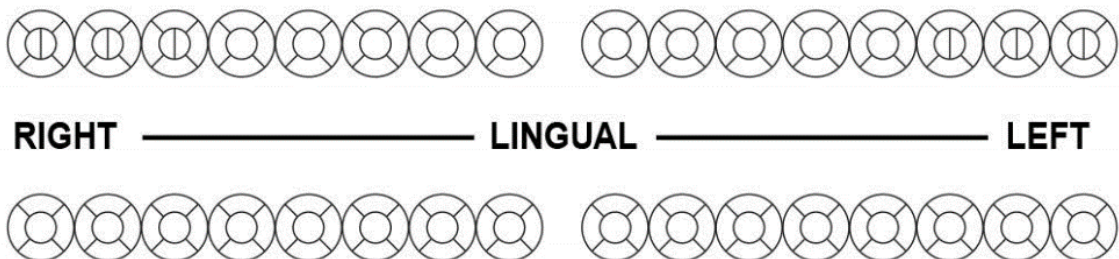
SECTION A – PARTICULARS OF THE EXAMINEE

Name	Date of Birth (MM/DD/YY)	Sex
Examination Date (MM/DD/YY)	Member No.	Policy No.
If group insurance, name of the Policyholder		

SECTION B – EXAMINING DENTIST’S REPORT

1.	Have any dental X-rays been taken during this examination	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If “Yes”, please describe nature of X-rays and reason for taking such:	
2.	Please describe general condition of dentures (if any):	
3.	Other abnormalities or observations: please specify	
4.	Diagrammatic report on Oral Examinations (as per symbols and colours overleaf)	

LABIAL




RIGHT
LINGUAL
LEFT


LABIAL


Name of Dentist	Address	Telephone No
E-mail:	Signature of Dentist with Stamp	
Date:		


Examination Reporting Code:


- Please record finding of your examination (including X-Rays) on the report from overleaf with the following symbol and colours:


Tooth previously extracted ----- 


Tooth now requiring extraction ----- 


Previous filling – in sound condition ----- 


Previous filling – now requires attention ----- 


Cavity requiring filling ----- 


Root abscesses ----- 

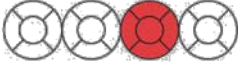
Gingivitis ----- 


Periodontitis ----- 

Bridge (in sound condition) ----- 

Bridge requiring attention ----- 

Crown – in sound condition ----- 

Crown – requiring attention ----- 

Wisdom teeth impacted ----- 

- Please mark position of artificial teeth currently on dentures as per illustration:

