HALE VETERINARY CLINIC

DENTAL AND ORAL SURGERY FOR PETS

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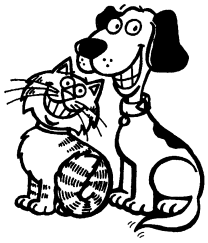
FAX 519-763-6210
EMAIL Toothvet@toothvet.ca
WEBSITE www.Toothvet.ca
MAIL 159 Fife Road, Guelph, ON, N1H-7N8



Owner:

Patient:

Clinic:

Weight: Age:

Form adapted from DentaLabels ©1991 and Pacific Dental Service Mentorship Group©1994

Chief Complaint:

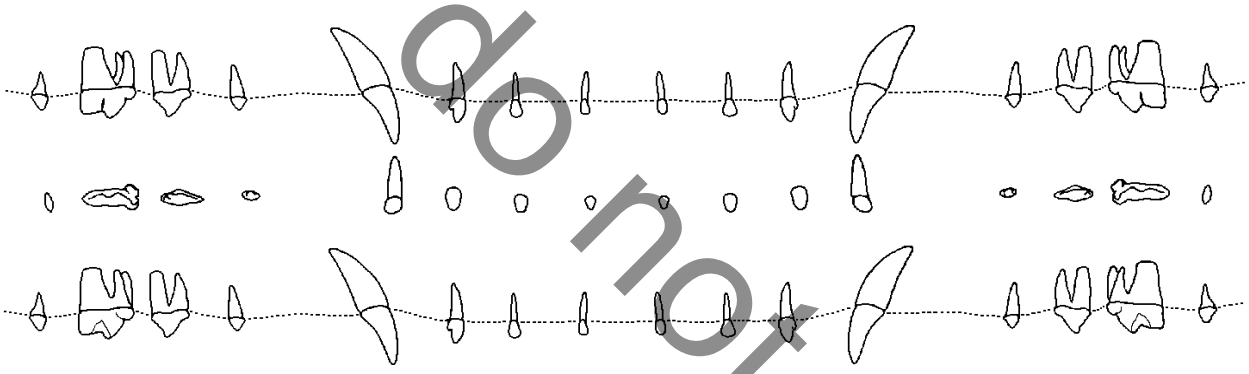
Other Findings:

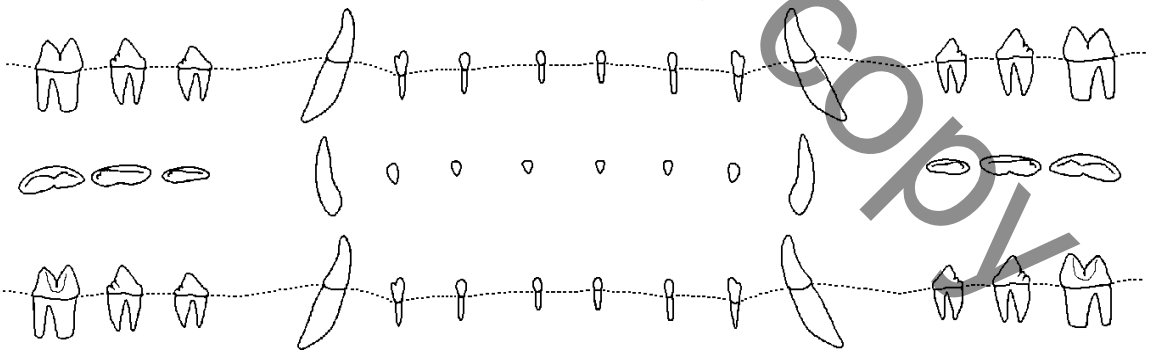
Previous Treatment and History:

Home Care:

Condition: Diet:

	109	108	107	106	104	103	102	101	201	202	203	204	206	207	208	209
Recession (in mms)																
Calculus Index (0-3)																
Gingivitis Index (0-3)																
Periodontal Index (0-4)																
Furcation (0-4)																
Mobility (0-3)																
Tooth Name																





	409	408	407	404	403	402	401	301	302	303	304	307	308	309
Recession (in mms)														
Calculus Index (0-3)														
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Periodontal Index (0-4)														
Furcation (0-4)														
Mobility (0-3)														
Tooth Name														

Right **F E L I N E D E N T A L R E C O R D** **Left** **Date:**_____

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