

Dental Record: Dog

Date:/...../.....

[illegible]

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☐ Sonic scaling ☐ Ultrasonic scaling
☐ Subgingival curettage ☐ Periodontal débridement
☐ Pumice-polishing ☐ Air-polishing
☐ Periodontal surgery:

☐ Non-surgical extraction(s):

☐ Surgical extraction(s):

☐ Surgical subgingival crown amputation(s):

☐ Incisional biopsy ☐ Excisional biopsy

☐ Other/comments:

[illegible][illegible][illegible]

RIGHT		M2	M1	P4	P3	P2	P1	C	I3	I2	I1	I1	I2	I3	C	P1	P2	P3	P4	M1	M2	LEFT	
Buccal aspect																							Buccal aspect
Buccal aspect																							Buccal aspect
RIGHT	M3	M2	M1	P4	P3	P2	P1	C	I3	I2	I1	I1	I2	I3	C	P1	P2	P3	P4	M1	M2	M3	LEFT