

O.H. School ORILLIA

Case Book No. [REDACTED]

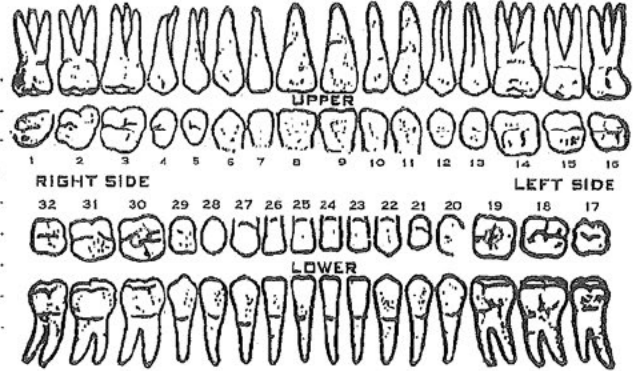
# DENTAL REPORT

NAME [REDACTED]

WARD 43

## DENTAL HISTORY & EXAMINATION

Urgent treatment ..... *no*  
 Pain ..... *no*  
 Mouth toilet habits ..... *nil*  
 Masticating efficiency ..... *good*  
 Caries ..... *3*  
 Condition of gums ..... *good*  
 Abscesses, ulcers ..... *none*  
 Malocclusion ..... *none*  
 Restorations ..... *none*



## X-RAY

Apparent number of pulpless teeth .....  
 Number of rarified areas ..... Overhanging fillings .....  
     Diffuse ..... Root fragments .....  
     Encapsulated ..... Impacted or unerupted teeth .....  
     Cysts ..... Apparent residual areas .....  
 Caries ..... Alveolar absorption .....

*5 4 3 2 1 | 1 2 3 4 5*  
*4 3 2 1 | 1 2 3 4 5*

## REMARKS

## RECOMMENDATIONS OF DENTAL SURGEON

*2 fillings*  
*1 extraction*  
*prophylaxis*

Cost .....  
     ..... *3.00*  
     ..... *2.00*  
     ..... *1.50*  
 Total cost ..... *6.50*

[REDACTED] *May 23/62*  
 Dental Surgeon Date

APPROVED Yes  No

[REDACTED] *25 May 62*  
 Physician Date

APPROVED Yes  No

[REDACTED] *28/5/62*  
 Superintendent Date

Work completed:

Work not completed:  (give reasons) .....

Date *June 22nd 1962*

[REDACTED] Dental Surgeon