

# Dental Record: Cat

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

OCCLUSAL EVALUATION	EXTRAORAL FINDINGS	ORAL SOFT TISSUES	PLAQUE & CALCULUS	OTHER RELEVANT FEATURES
Incisor occlusion: .....	.....	.....	.....	.....
Canine occlusion: .....	.....	.....	.....	.....
Premolar alignment: .....	.....	.....	.....	.....
Distal P/M occlusion: .....	.....	.....	.....	.....
Head symmetry: .....	.....	.....	.....	.....
Individual teeth: .....	.....	.....	.....	.....
Other: .....	.....	.....	.....	.....

	M1 (109)	P4 (108)	P3 (107)	P2 (106)	C (104)	I3 (103)	I2 (102)	I1 (101)	I1 (201)	I2 (202)	I3 (203)	C (204)	P2 (206)	P3 (207)	P4 (208)	M1 (209)	
Resorption																	Resorption
Furcation																	Furcation
Gingivitis																	Gingivitis
Mobility																	Mobility
Buccal																	Buccal
PROBING																	PROBING
Lingual																	Lingual
PROBING																	PROBING
Buccal																	Buccal
Mobility																	Mobility
Gingivitis																	Gingivitis
Furcation																	Furcation
Resorption																	Resorption

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