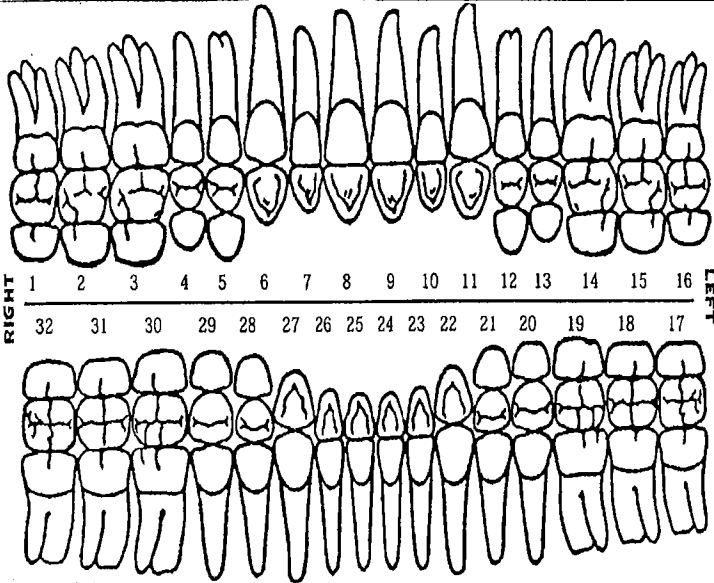
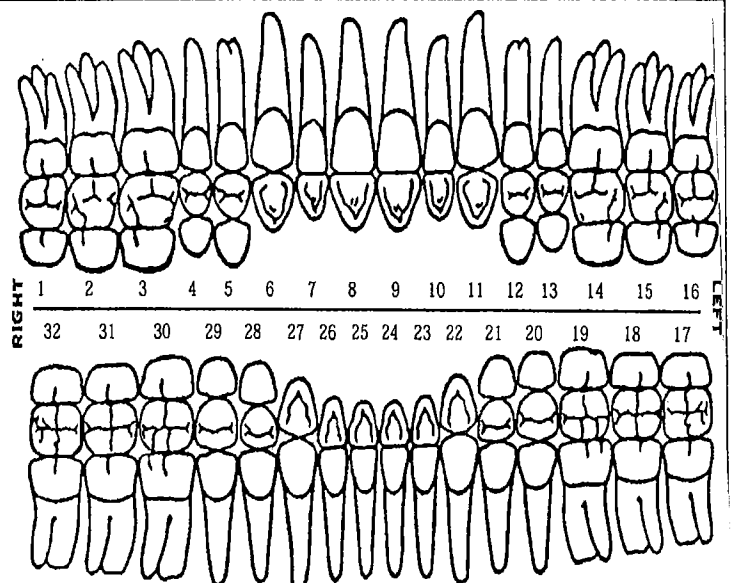


**Mississippi Division of Youth Services  
Dental Record**

**Admission Exam**



**Treatment Done**



Condition of Gingiva  Good  Fair  Poor  
 Care of Mouth  Good  Fair  Poor

Dentures  
 Full Upper :  Yes  No      Partial Upper :  Yes  No  
 Full Lower :  Yes  No      Partial Lower :  Yes  No

Occlusion

Treatment Provided/Date:

Calculus  Slight  Moderate  Heavy  
 Periodontal or Gingival Disease : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remarks (include any special precautions to be observed in treatment)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Recommendations and Treatment Needed :  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Admit Date: \_\_\_\_\_  
 ALLERGIES: \_\_\_\_\_

Signature of Dentist: \_\_\_\_\_  
 Date: \_\_\_\_\_

