

**EXAME FÍSICO****GERAL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXTRA-ORAL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTRA-ORAL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXAME DENTAL – DESCRIÇÃO DENTE – A - DENTE**

18 \_\_\_\_\_

17 \_\_\_\_\_

16 \_\_\_\_\_

15 (55) \_\_\_\_\_

14 (54) \_\_\_\_\_

13 (53) \_\_\_\_\_

12 (52) \_\_\_\_\_

11 (51) \_\_\_\_\_

21 (61) \_\_\_\_\_

22 (62) \_\_\_\_\_

23 (63) \_\_\_\_\_

24 (64) \_\_\_\_\_

25 (65) \_\_\_\_\_

26 \_\_\_\_\_

27 \_\_\_\_\_

28 \_\_\_\_\_

38 \_\_\_\_\_

37 \_\_\_\_\_

36 \_\_\_\_\_

35 (75) \_\_\_\_\_

34 (74) \_\_\_\_\_

33 (73) \_\_\_\_\_

32 (72) \_\_\_\_\_

31 (71) \_\_\_\_\_

41 (81) \_\_\_\_\_

42 (82) \_\_\_\_\_

43 (83) \_\_\_\_\_

44 (84) \_\_\_\_\_

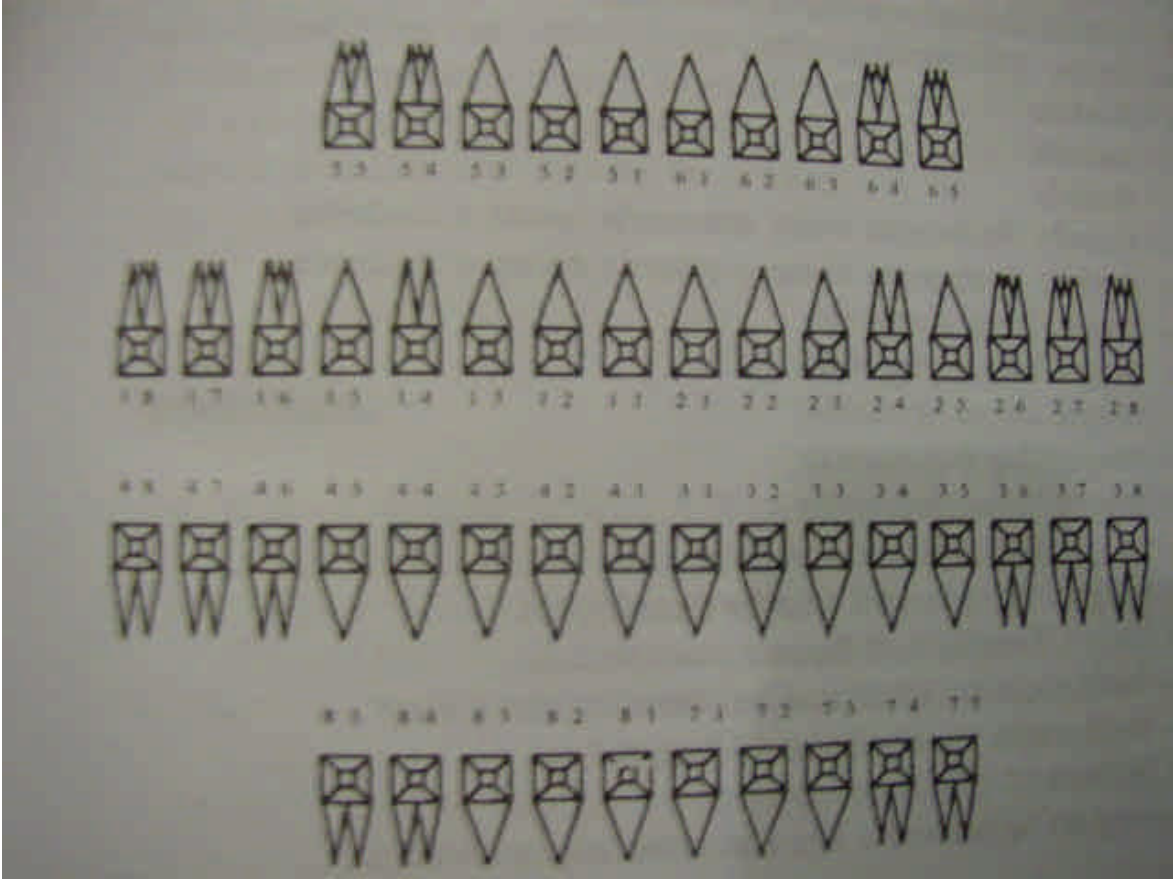
45 (85) \_\_\_\_\_

46 \_\_\_\_\_

47 \_\_\_\_\_

48 \_\_\_\_\_

**ODONTOGRAMA**  
**Registro de Anormalidades e Patologias**



**Situação Periodontal – Exames Complementares**

---



---



---



---



---



---



---



---



---



---



---