

ORAL EXAMINATION REPORT

(All sections must be completed)

Please send all claims and inquiries to: **International Administrators Limited**
 16/F, 9 Des Voeux Road West, Sheung Wan, Hong Kong, SAR
 Tel: (852) 2573 2535 Fax: (852) 2573 2917
 E-mail: inquiry@ialhk.com Website: http://www.pacificcross-insurance.com

SECTION A – PARTICULARS OF THE EXAMINEE

Name	Date of Birth (MM/DD/YY)	Sex
Examination Date (MM/DD/YY)	Member No.	Policy No.
If group insurance, name of the Policyholder		

SECTION B – EXAMINING DENTIST’S REPORT

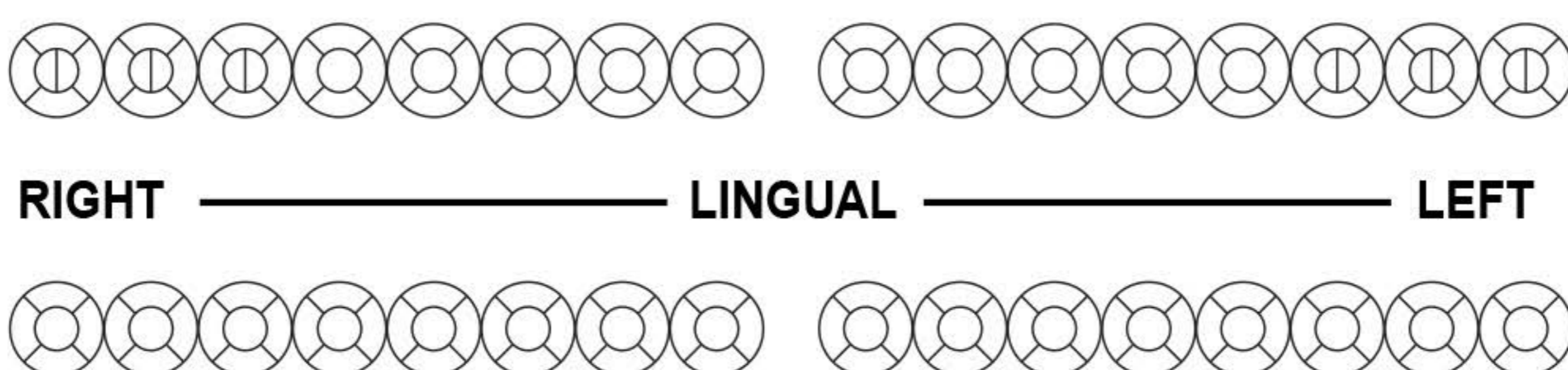
1. Have any dental X-rays been taken during this examination? Yes No
 If “Yes”, please describe nature of X-rays and reason for taking such:

2. Please describe general condition of dentures (if any):

3. Other abnormalities or observations: please specify

4. Diagrammatic Report on Oral Examination (as per symbols and colours overleaf)

LABIAL



RIGHT **LINGUAL** **LEFT**

LABIAL

Name of Dentist: _____

Address: _____

Telephone No.: _____

E-mail: _____

Signature of Dentist with Stamp

Date: _____

Examination Reporting Code:

1. Please record findings of your examination (including X-rays) on the report form overleaf with the following symbols and colours:

Tooth previously extracted



Tooth now requiring extraction



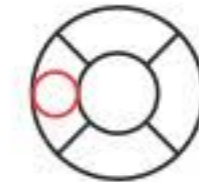
Previous filling – in sound condition



Previous filling – now requires attention



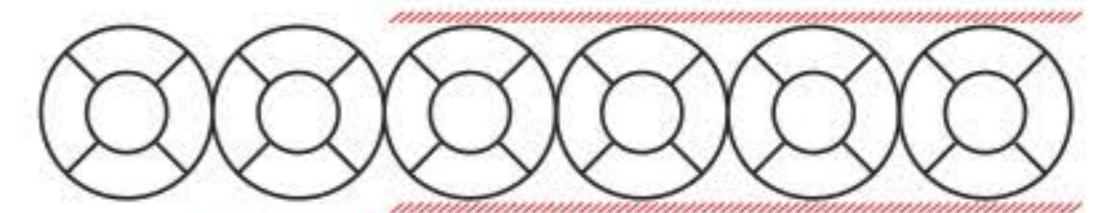
Cavity requiring filling



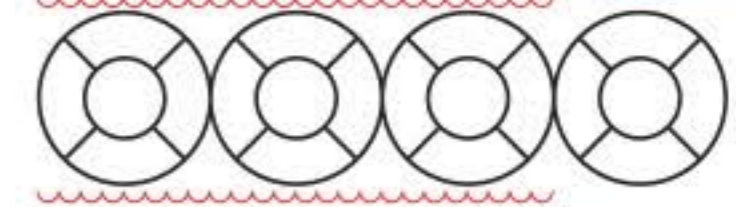
Root abscesses



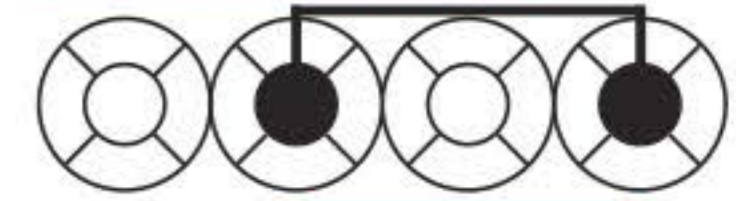
Gingivitis



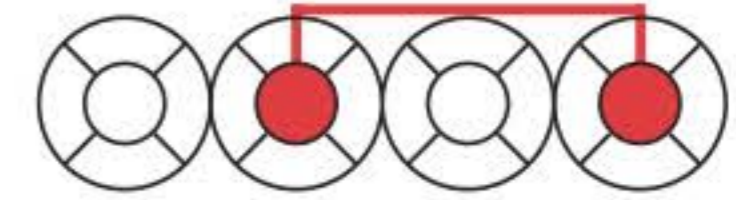
Periodontitis



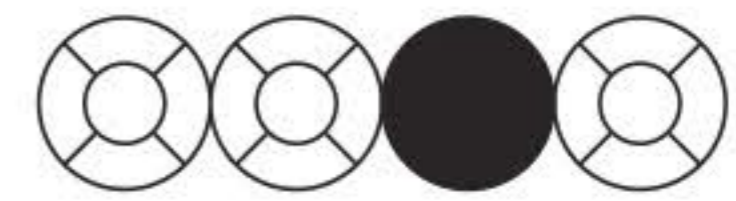
Bridge (in sound condition)



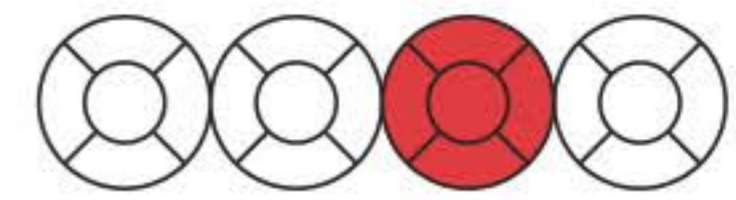
Bridge requiring attention



Crown – in sound condition



Crown – requiring attention



Wisdom teeth impacted



2. Please mark position of artificial teeth currently on dentures as per illustration:

