

MUCOSAL EXAMINATION CHART

StarDental® Instruments

Patient Name:

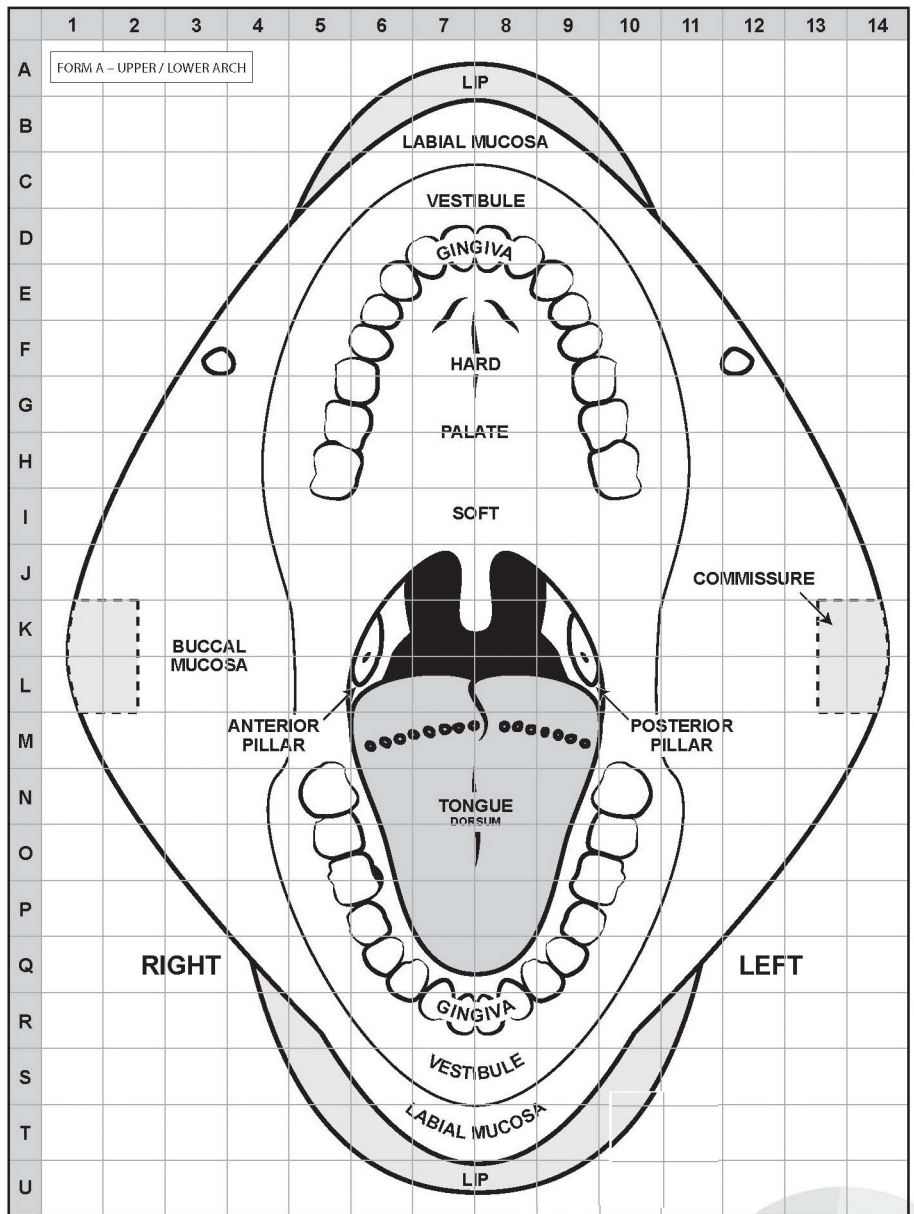
Case Number:

Exam date:

Clinician:

CLINICAL IMPRESSION:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
A	FORM A - UPPER / LOWER ARCH													
B	LIP													
C	LABIAL MUCOSA													
D	VESTIBULE													
E	GINGIVA													
F	HARD													
G	PALATE													
H	SOFT													
I														
J	COMMISSURE													
K	BUCCAL MUCOSA													
L														
M	ANTERIOR PILLAR													
N	TONGUE DORSUM													
O	POSTERIOR PILLAR													
P														
Q	RIGHT													
R	LEFT													
S	GINGIVA													
T	VESTIBULE													
U	LABIAL MUCOSA													
	LIP													



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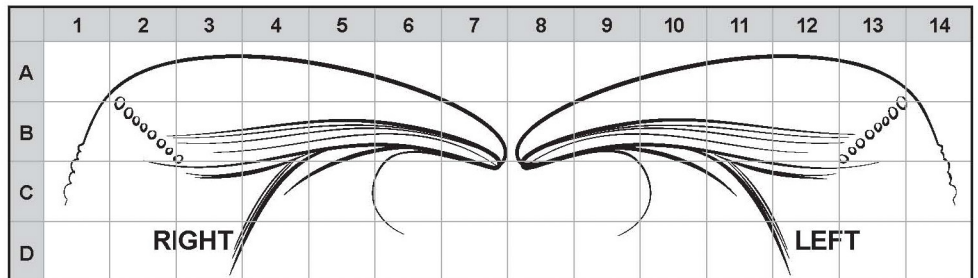
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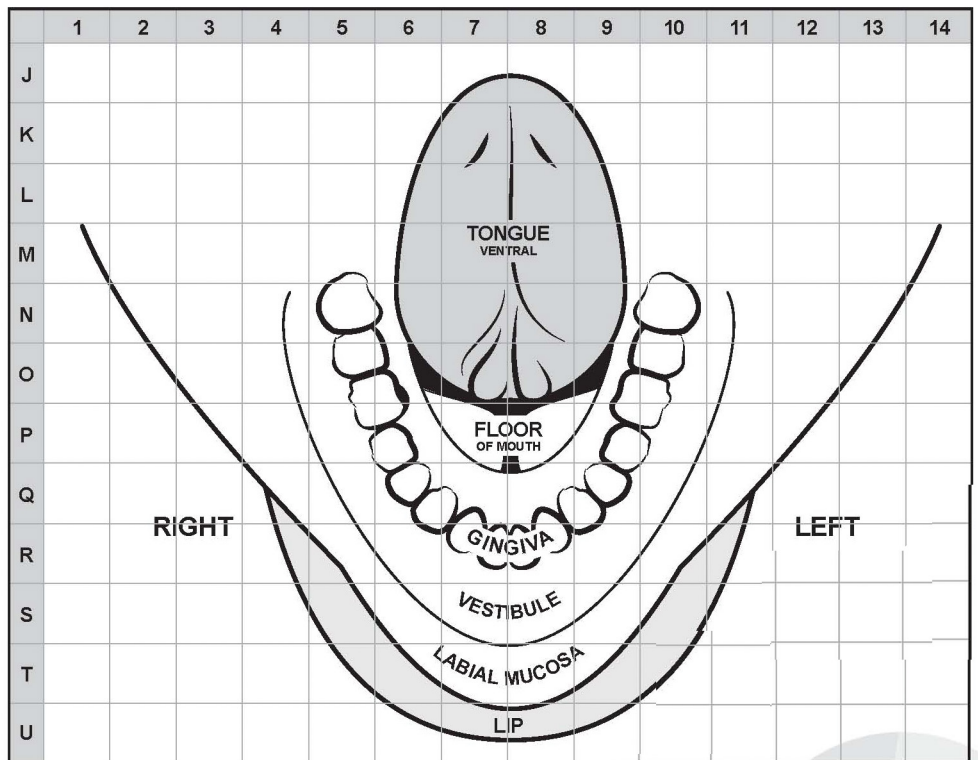
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FORM B – TONGUE – LATERAL VIEW

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
A														
B														
C														
D														

FORM C – TONGUE – UNDERSIDE

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
J														
K														
L														
M														
N														
O														
P														
Q														
R														
S														
T														
U														

CLINICAL IMPRESSION: