College of Dentistry

PATIENT NUMBER .....

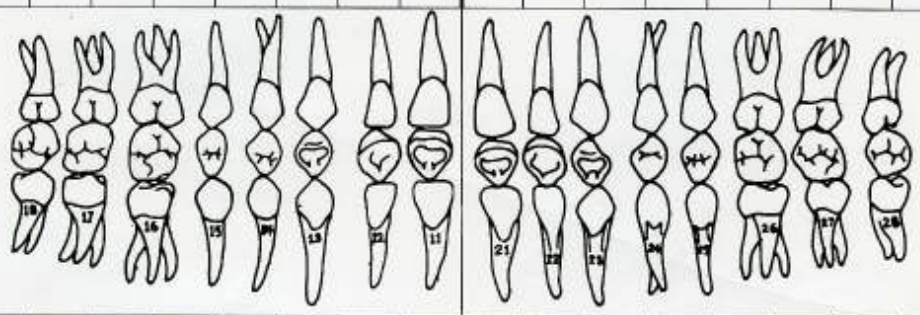
DATE

.....

.....

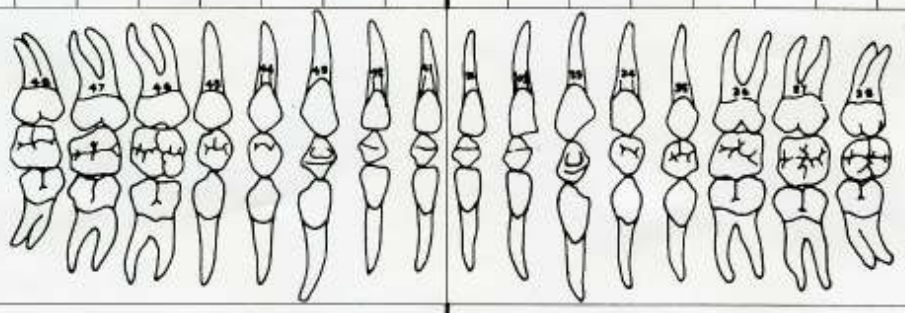
.....

3																3	PROBE
2																2	
1																1	

R  L

Facial / Lingual

1																1	Probe
2																2	
3																3	
3																3	
2																2	
1																1	

R  L

Lingual / Facial

1																1	Probe
2																2	
3																3	

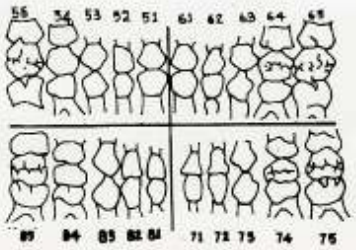
OCCLUSION

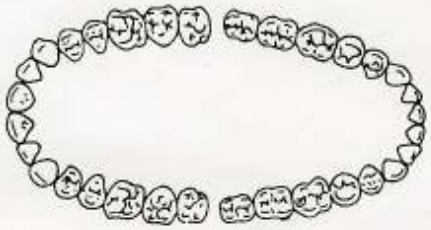
CLASS I L R CLASS II L R CLASS III L R CROSSBITE L R ANT

C.R.O. OB.....OJ.....A.C.: OB.....OJ.....Nature of Slide.....

Right Lateral Excursion | Left Lateral Excursion | Protrusive Excursion

Work.....Bal..... | Bal.....Work..... | Ant.....Post.....





K - S - 133 رقم النموذج