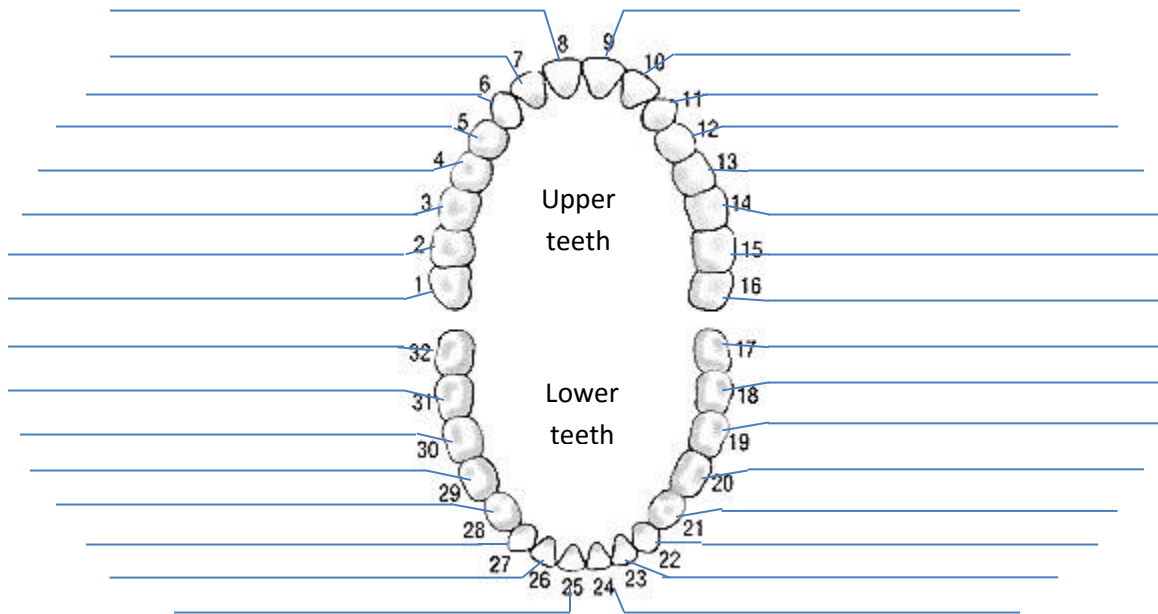


MOUTH AND DENTAL CHART

Use the chart below to mark where you have fillings, caps, crowns, inlays, composites, root canals, bridge work etc.



DENTAL HISTORY: Circle which ones you have:

- | | | | |
|-----------------------|----------------------------------|--------------------------|-----------------|
| Silver fillings | Gold crowns or inlays | Root canals | Braces |
| Composites | Stainless steel crowns or inlays | Root canals with EndoCal | Bleeding gums |
| Extractions | Porcelain crowns or inlays | Posts | Sensitive teeth |
| Bridgework | Implants | Over bite | Under bite |
| Partial/full dentures | Veneers | Temporaries | New Cavities |

Have you had your wisdom teeth removed? _____

Dental surgery? _____

Complete Tongue Diagnosis: Mark findings on the picture showing areas of consideration and explain below.

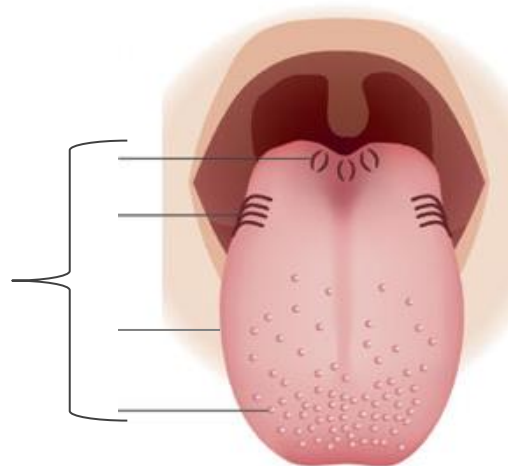
Findings:

Body Color (i.e. red) look at sides, the tip, back:

Coating Color (i.e. yellow, white, green):

Shape (i.e. swollen, sides indented, flat, concaved):

Texture (i.e. center crack, smooth, slimy, raw):



BODILY INJURY CHART

Do you have breast implants? **Yes** or **No**

Any surgical implants, prostheses, cosmetic surgeries, medical surgeries? _____

In the space provided after each question, help to explain trauma areas and use the figure's below to specify the location:

Any tattoos or piercings? **Y** or **N**

Back injuries? **Y** or **N**

Herniated disk? **Y** or **N**

Head/neck injuries? **Y** or **N**

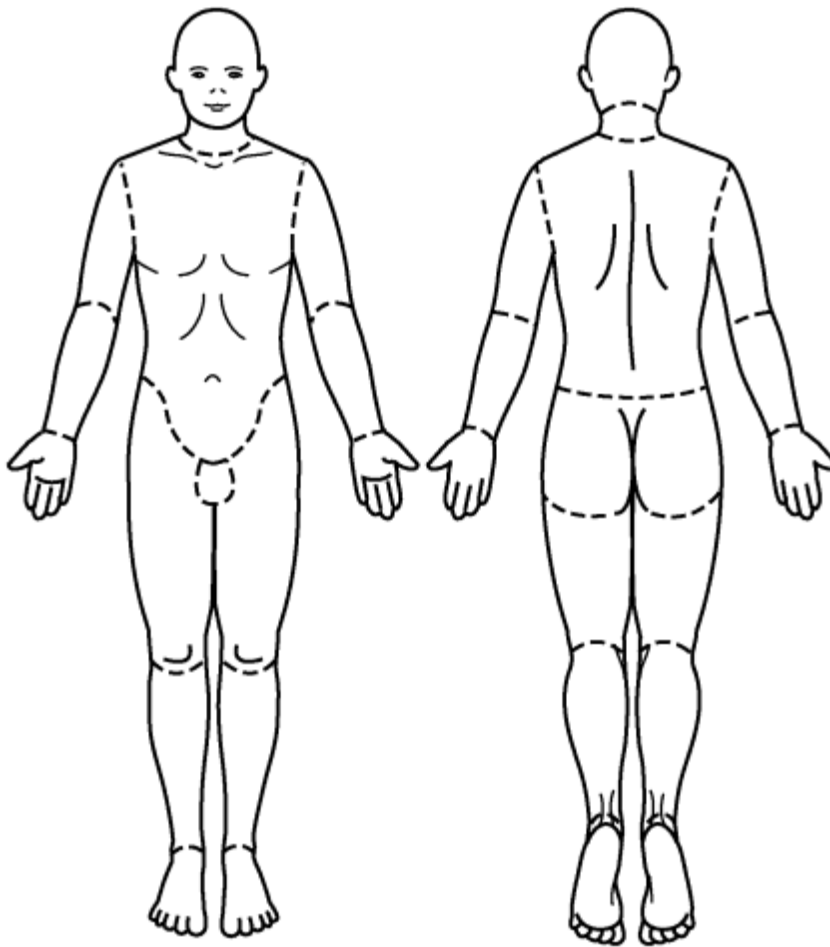
Pace maker? **Y** or **N**

Have you had a physical exam in the last 12 months? **Yes** or **No**

Have you had a colonoscopy in the last 12 months? **Yes** or **No**

Do you have a pacemaker?

Have you had a mammogram or thermography in the last 12 months? **Yes** or **No**



Write injury site below, associate letter with graph

A) _____	F) _____	K) _____
B) _____	G) _____	L) _____
C) _____	H) _____	M) _____
D) _____	I) _____	N) _____
E) _____	J) _____	O) _____