OKLAHOMA DEPARTMENT OF CORRECTIONS
Dental Treatment Plan

Legend:

Amalgam – Solid black

Composite – Outline in black

Crown – Outline, diagonal lines in black

Root Canal Fill – Solid black canals

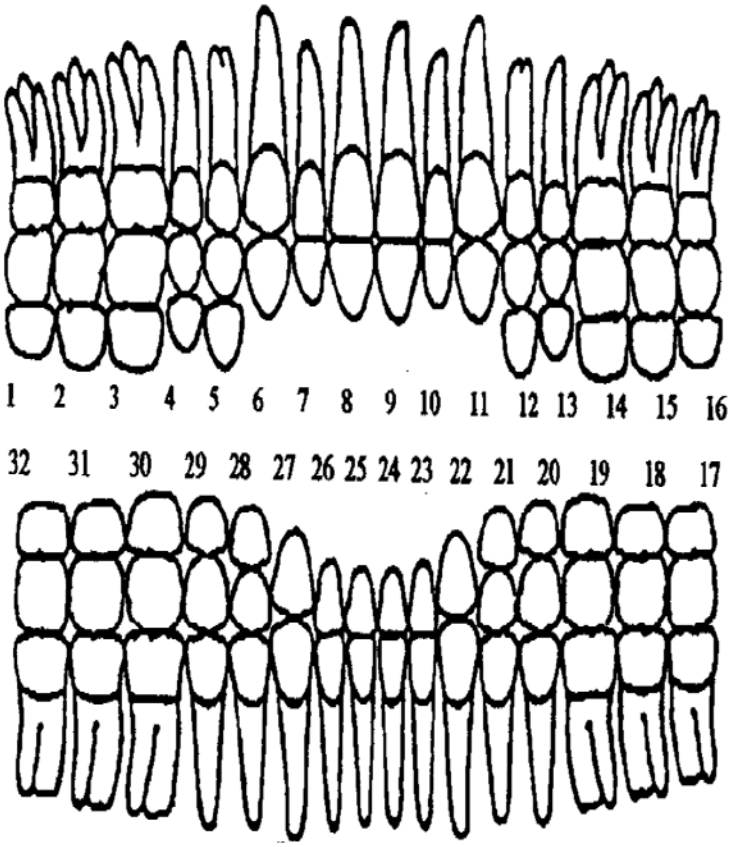
Missing – Black "X" on roots

Unerupted – Circle in black

Caries – Solid red

Radiolucency – Outline size, location & form in black

Extraction Indicated – 2 red vertical lines



Circle One:

Gingiva: Normal Inflamed Highly Inflamed

Deposits: Slight Moderate Heavy

Stain: Slight Moderate Heavy

Prosthesis Present: F / F P / P

Prosthesis Needed: F / F P / P

PSR Code:

R		L

Head and Neck Exam (circle one)

Lips	Normal	Abnormal
Buccal Mucosa	Normal	Abnormal
Pharynx	Normal	Abnormal
Hard Palate	Normal	Abnormal
Soft Palate	Normal	Abnormal
Tongue	Normal	Abnormal
Sublingual	Normal	Abnormal
TMJ	Normal	Abnormal
Neck Nodes	Normal	Abnormal

Explain all "Abnormal" answers below.

Tooth #	Treatment Plan	Date Completed	Dentist's Comments

Dentist's Signature: _____ **Date:** _____

Offender Name: **DOC #:**

DOC 140124C
(R 9/14)