



**THE CAROLINAS
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Canine Dental Evaluation and Plan

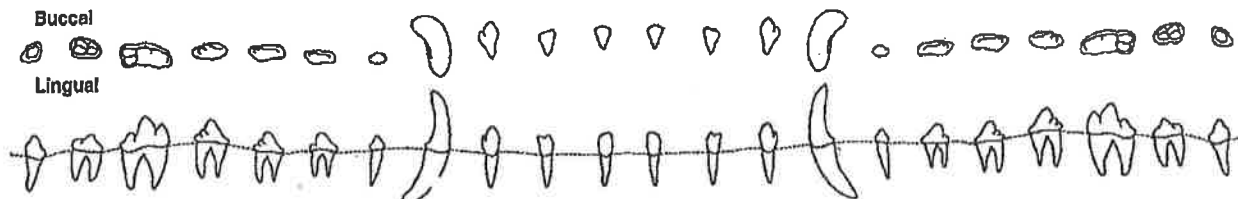
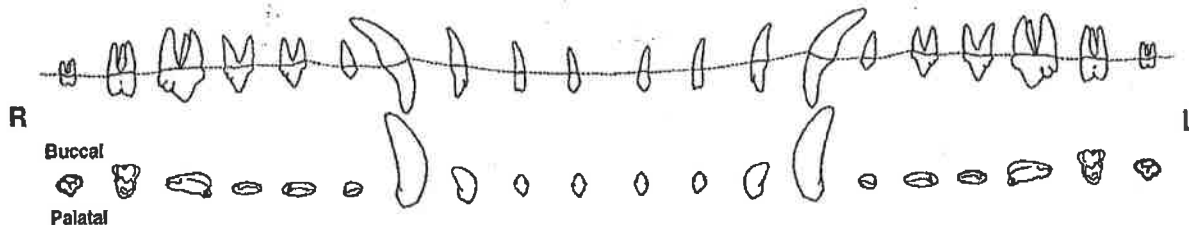
Date ___/___/___

Patient Name _____ Last Name _____

Right Upper Quadrant

Left Upper Quadrant

110	109	108	107	106	105	104	103	102	101	201	202	203	204	205	206	207	208	209	210	



411	410	409	408	407	406	405	404	403	402	401	301	302	303	304	305	306	307	308	309	310	311	

Right Lower Quadrant

Left Lower Quadrant

- | | | |
|-----------------------|----------------------------|-----------------------------|
| CA Caries | GI1 Mild gingivitis | OM Oral mass |
| CI1 Slight calculus | GI2 Moderate gingivitis | P # Periodontal pocket mm |
| CI2 Moderate calculus | GI3 Severe gingivitis | PE Pulp exposure |
| CI3 Moderate calculus | GR Gingival recession | RD Retained deciduous tooth |
| CRW Crown | H Hyperplasia | RT Rotation |
| F1 Furcation exposed | M1 Slight tooth mobility | RR retained Root |
| F2 Furcation exposed | M2 Moderate tooth mobility | SN Supernumerary |
| F3 Furcation exposed | M3 Severe tooth mobility | X Extracted |
| Fx Fractured | O Missing tooth | EL Enamel loss |

Plan _____

