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Feline Dental Evaluation and Plan

Date ___ / ___ / ___

Patient Name _____ Last Name _____

Right Upper Quadrant

Left Upper Quadrant

	109	108	107	106		104	103	102	101	201	202	203	204		206	207	208	209	
Buccal															Buccal				
Palatal															Lingual				
	409	408	407		404	403	402	401	301	302	303	304		307	308	309			

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 _____

