

RECORD OF IDENTIFICATION PROCESSING DENTAL CHART

LAST NAME - FIRST NAME - MIDDLE INITIAL <i>(or unknown number)</i>	GRADE	SERVICE NO./SOCIAL SECURITY ACCT. NO.	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE

MARKING ABBREVIATIONS:
F-Facial O-Occlusal D-Distal AM - Amalgam Fill-Filling Porc - Porcelain Back - Backing
L-Lingual M-Menial I - incisal CR - Crown Plas-Plastic Sil - Silicate Fac - Facing

CARIES																	CARIES
RESTORATIONS																	RESTORATIONS
UPPER RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	UPPER LEFT
LOWER RIGHT																	LOWER LEFT
RESTORATIONS																	RESTORATIONS
CARIES																	CARIES

THE FOLLOWING CONDITIONS WILL BE INDICATED IF PRESENT *(Describe in detail in Remarks section)*

MOTTLED ENAMEL	ROTATION	FRACTURED ENAMEL	IRREGULARITY OF ALIGNMENT
ENAMAL HYPOLASIA	UNERUPTED TEETH	FRACTURES OF TEETH	UNUSUAL RESTORATIONS
EROSION	MALOCCLUSION	RETAINED DECIDUOUS TEETH	UNUSUAL APPLIANCES
ABRASION	SUPERNUMERARY TEETH	ABNORMAL INTERDENTAL SPACES	MALPOSED TEETH

PREPARED BY <i>(Typed Name and Signature)</i>	VERIFIED BY <i>(Typed Name and Signature)</i>
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DENTURES (Plates): DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. (For example: Lower acrylic Partial Denture with Lingual Bar, replacing Teeth nos. 17, 18, 18, 30, 31, 32. Clasps on natural teeth nos. 20 and 29) SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

REMARKS (If no abnormalities are found make notation to that effect)

EXAMPLE METHOD OF PREPARATION

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER RIGHT																	UPPER LEFT
	1. O-AM	2. DOL-AM; F-AM	3. MOD GOLD FILL	4. F-GOLD FILL; ML-AM	5. MO-AM	6. ML-GOLD FILL	7. 3/4 GOLD CR	8. D-PORC FILL	9. PORC-CR	10. F-PORC FILL; L-AM	11. MF-PORC FILL	12. PX-POSTHUMOUSLY MISSING	13. GOLD-CR	14. MISSING	15. MO-AM; L-AM	16. MODL-AM	