

ORAL EXAMINATION REPORT

Please complete the following information and submit one form for each Insured Person (Patient).

Please send all claims and inquiries to: **Pacific Cross Insurance Company Limited**
 c/o International Administrators Limited
 11/F, O.T.B. Building, 160 Gloucester Road, Wanchai, Hong Kong, SAR
 Tel: (852) 2573 2535 Fax: (852) 2573 2917
 E-mail: customerservice@pacificcross.com Website: http://www.pacificcross.com

SECTION A – PARTICULARS OF THE EXAMINEE

Name of Policyholder	Policy No.
Name of Insured Person (Patient)	Member No.
Date of Birth (MM/DD/YY)	Sex

SECTION B – EXAMINING DENTIST'S REPORT

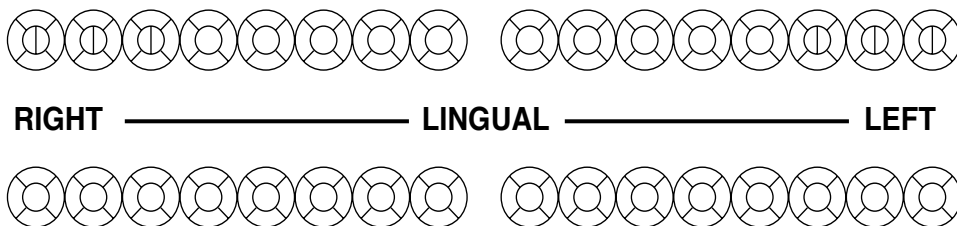
1. Have any dental X-rays been taken during this examination? Yes No
 If "Yes", please describe nature of X-rays and reason for taking such:

2. Please describe general condition of dentures (if any):

3. Other abnormalities or observations: please specify

4. Diagrammatic Report on Oral Examination (as per symbols and colours overleaf)

LABIAL



RIGHT ————— **LINGUAL** ————— **LEFT**

LABIAL

Name of Dentist: _____

Address: _____

Telephone No.: _____

E-mail: _____

Signature of Dentist with Stamp

Date: _____

Examination Reporting Code:

1. Please record findings of your examination (including X-rays) on the report form overleaf with the following symbols and colours:

Tooth previously extracted



Tooth now requiring extraction



Previous filling – in sound condition



Previous filling – now requires attention



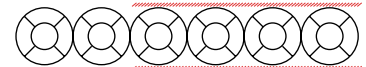
Cavity requiring filling



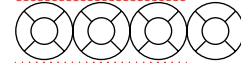
Root abscesses



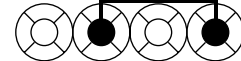
Gingivitis



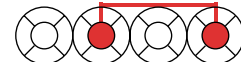
Periodontitis



Bridge (in sound condition)



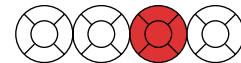
Bridge requiring attention



Crown – in sound condition



Crown – requiring attention



Wisdom teeth impacted



2. Please mark position of artificial teeth currently on dentures as per illustration:

