

## ORAL EXAMINATION REPORT

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

Please send all claims and inquiries to: **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:

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

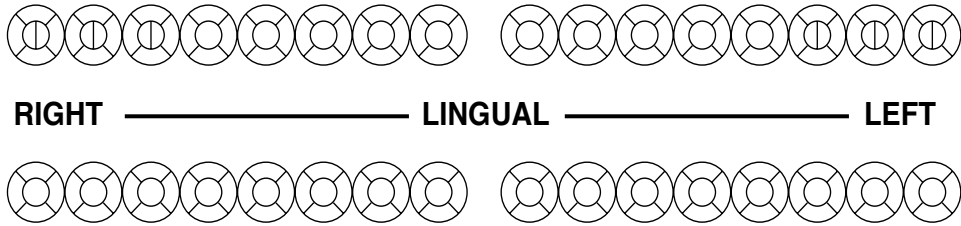
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3. Other abnormalities or observations: please specify

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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



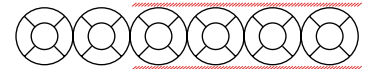
Cavity requiring filling



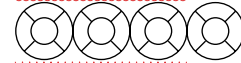
Root abscesses



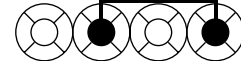
Gingivitis



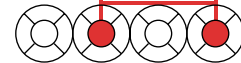
Periodontitis



Bridge (in sound condition)



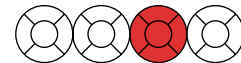
Bridge requiring attention



Crown – in sound condition



Crown – requiring attention



Wisdom teeth impacted



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

