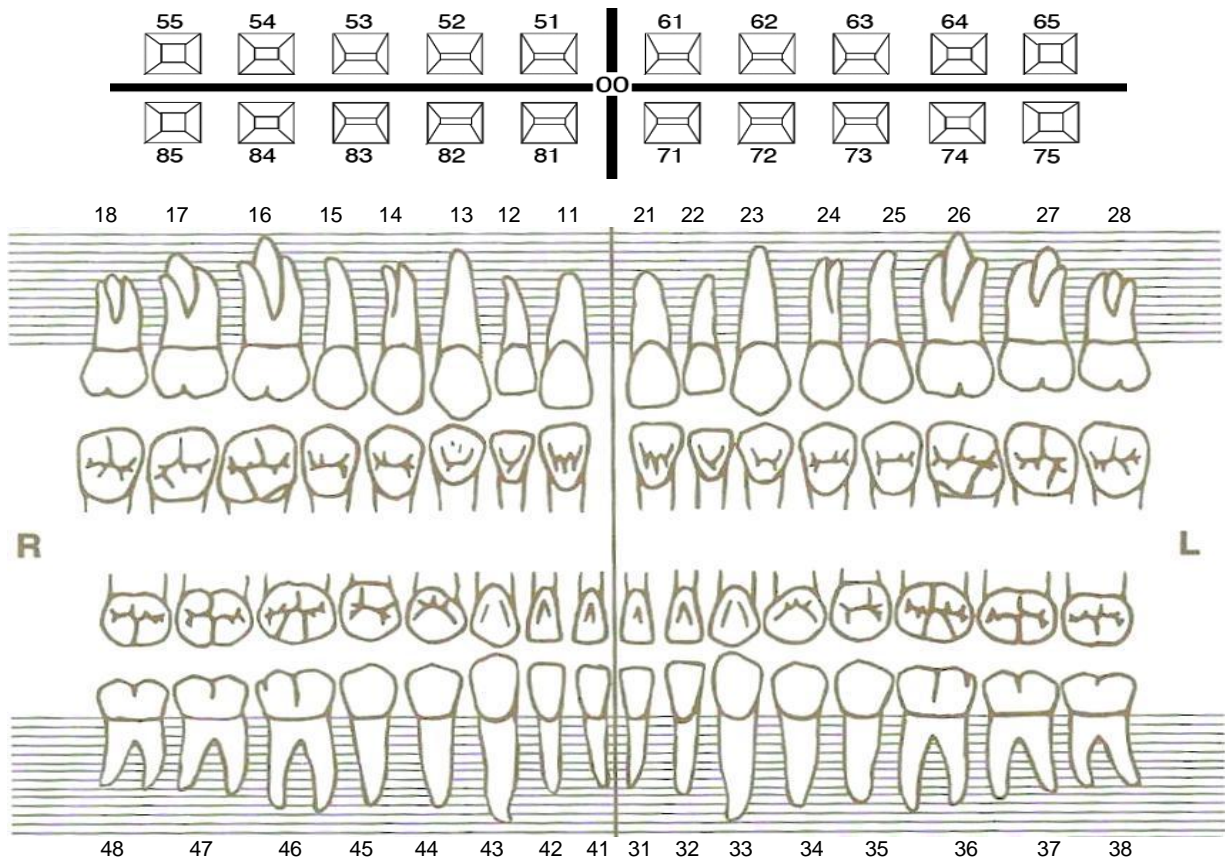


Presenting Odontogram – Date \_\_\_\_\_ Patient \_\_\_\_\_ Dr. \_\_\_\_\_



Planned treatment – Date \_\_\_\_\_

