

# North Texas Thermography

Please use the numbered teeth to indicate which teeth had dental intervention.  
ALSO mark appropriately on the dental chart

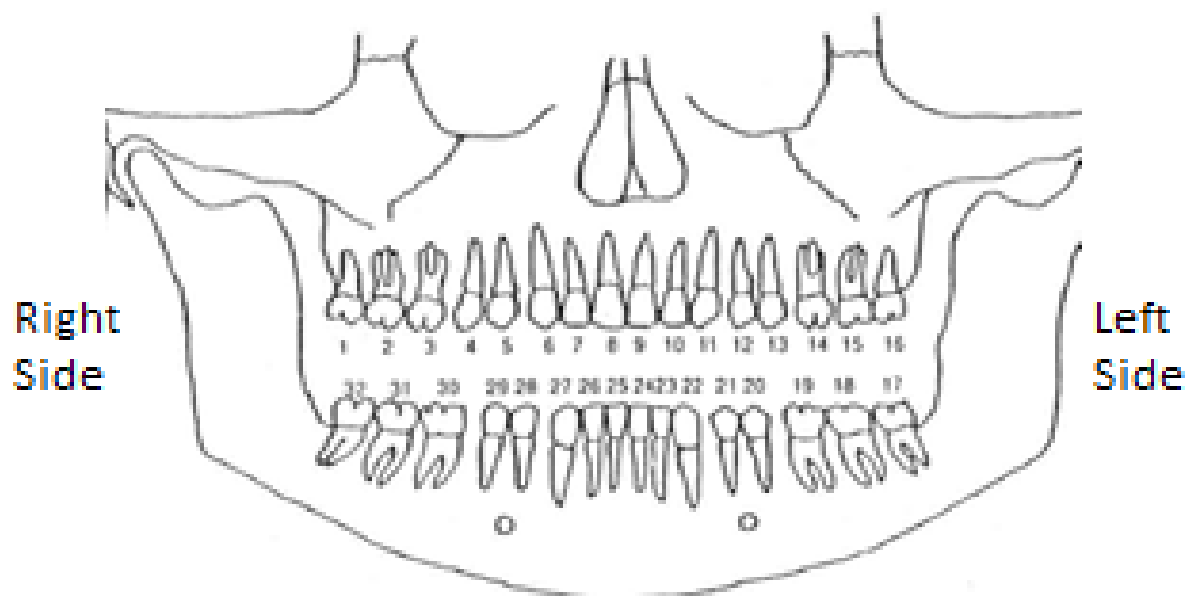
Client's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date: \_\_\_\_\_

**Use a Mirror!**

(# 1,16,17,32 are Wisdom teeth)

## Dental Chart



### Key

Pulled teeth	X
Cavities filled	#
Crowns	O
Bridge	^
Root canal	+

Dentures? \_\_\_\_\_  
Upper                      Lower

Braces? \_\_\_\_\_  
Upper                      Lower

Retainer or  
night Guard? \_\_\_\_\_  
Upper                      Lower

Write any chief complaint(s) below and in the appropriate age of onset

1. \_\_\_\_\_ Age \_\_\_\_\_
2. \_\_\_\_\_ Age \_\_\_\_\_
3. \_\_\_\_\_ Age \_\_\_\_\_