date **Deciduous Feline Dental Chart** patient name client name 508 504 604 606 608 507 506 607 503 502 501 601 602 603 **Procedures and Treatments Exam and Findings** Right maxillary Left maxillary presenting complaint professional teeth 503© 3rd incisor 502© 2nd incisor 501© 1st incisor 601© 1st incisor 602© 2nd incisor scaling/polishing periodontal disease test strip plaque barrier gel 2 3 4 5 plaque barrier sealant missing teeth local antimicrobial application 504 canine 604 mobile teeth $^{\circ}506$ 2nd premolar 606° periodontics fractured teeth endodontics 3rd premolar radiographs taken **9** 508 608 4th premolar restorations other pathology / findings extractions perio pockets 808 4th premolar 708 oral surgery gingival recession 3rd premolar 707 orthodontics 803 3rd incisor 802 2nd incisor 703 3rd incisor 704 canine 702 2nd incisor 801 Ist incisor 701 Ist incisor osseous recession recommended home care products gingivitis Index 3 plaque Index 2 3 future treatment plan calculus Index 2 3 0 2 3 occlusion class 0 4 Right mandibular Left mandibular

