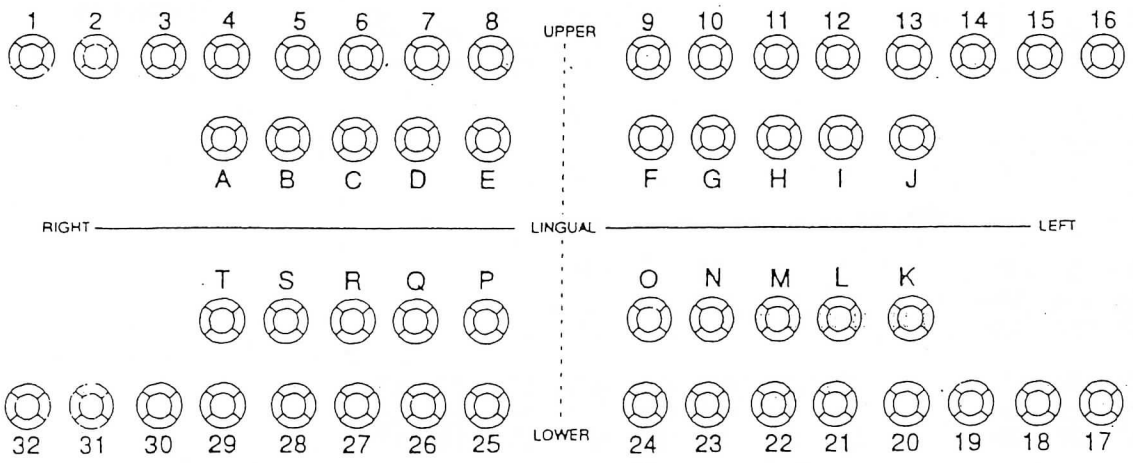
NAME _____

MEDICAL ALERT

DATE _____ AGE _____



Treatment Plan

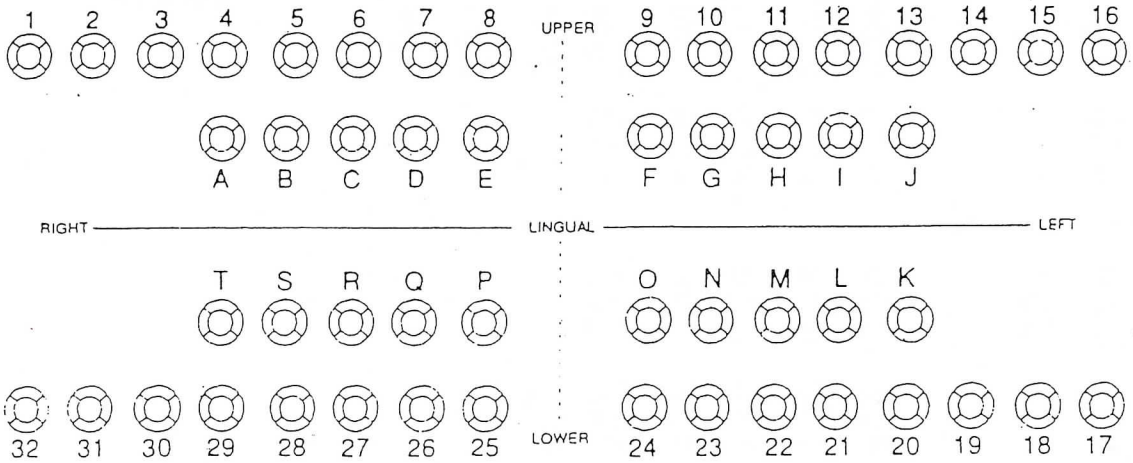
Soft tissue _____ Oral Hygiene _____

Occlusion _____ Midline _____ X-rays taken _____

O.J. _____ (mm) OB _____ (%) Habits _____

Medical changes _____ Comments _____

DATE _____ AGE _____



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