PEIVDF

Rescue Op Code: _____ Facility Name: _____ Patient_____

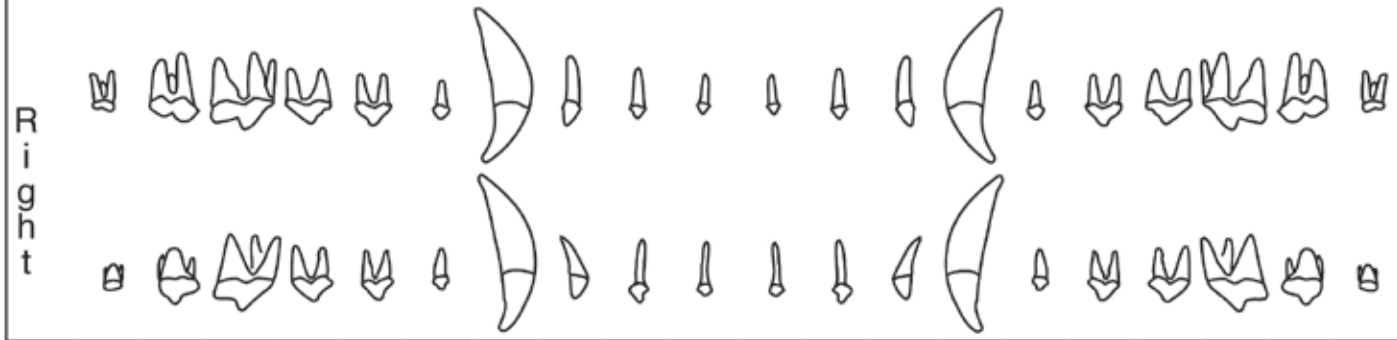
CANINE DENTAL CHART

Buccal

M^2	M^1	P^4	P^3	P^2	P^1	C^1	I^3	I^2	I^1	$_1I$	$_2I$	$_3I$	C	$_1P$	$_2P$	$_3P$	$_4P$	$_1M$	$_2M$	Date
110	109	108	107	106	105	104	103	102	101	201	202	203	204	205	206	207	208	209	210	5
																				4
																				3
																				2
																				1

Palatal

Right



Left

Date

																				1
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Lingual

Date

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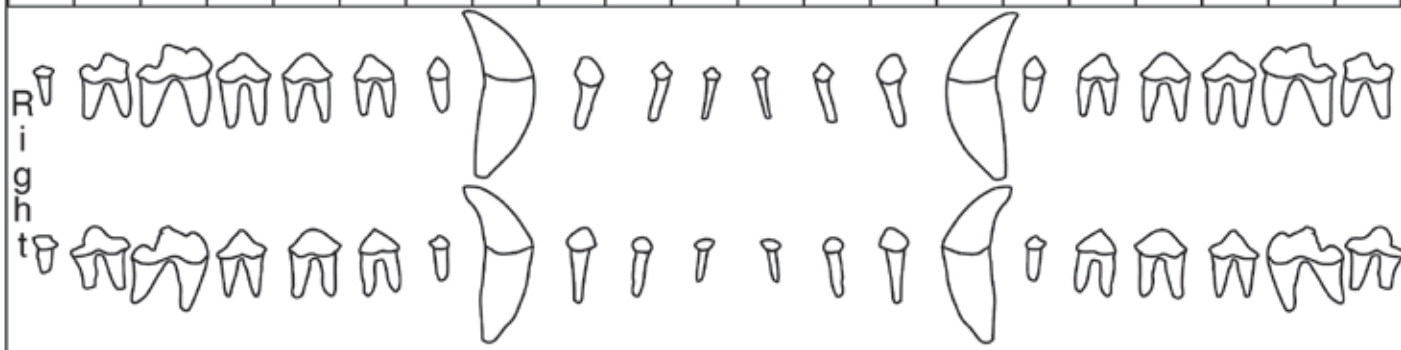
Right



Left

Buccal

Date

																				1
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411	410	409	408	407	406	405	404	403	402	401	301	302	303	304	305	306	307	308	309	310	311
M_3	M_2	M_1	P_4	P_3	P_2	P_1	C_1	I_3	I_2	I_1	$_1I$	$_2I$	$_3I$	$_1C$	$_1P$	$_2P$	$_3P$	$_4P$	$_1M$	$_2M$	$_3M$