Interproximal cleaning map

Name of Patient:

Date of Appointment:

Permanent Dentition

Upper Teeth

Lower Teeth
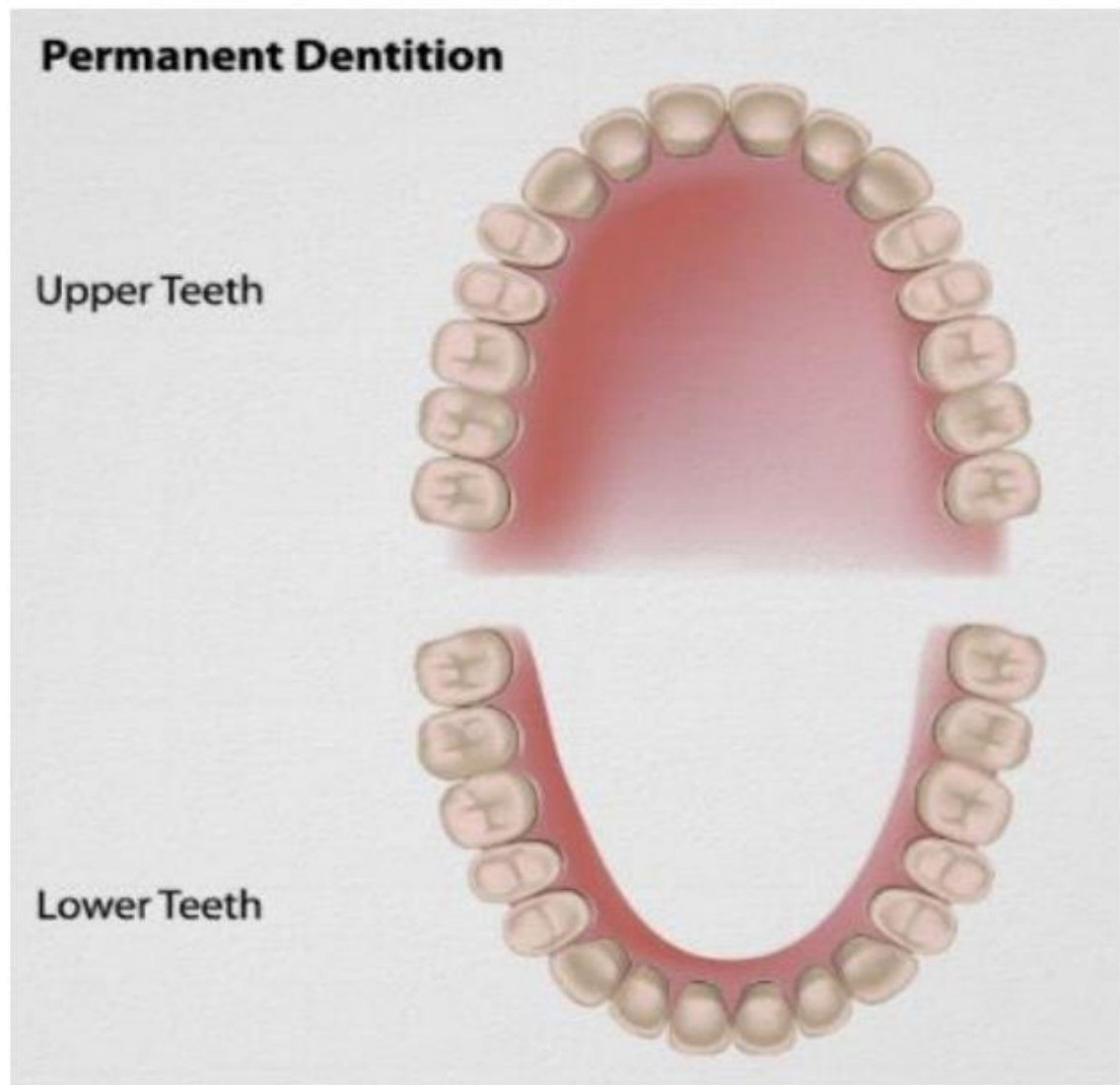
Additional information