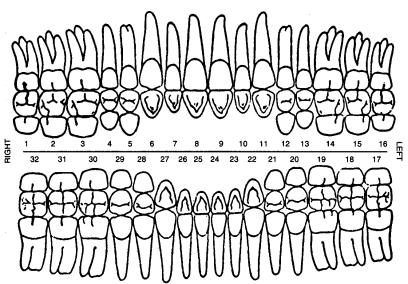
Application Case ID:	

- A. Chart existing restorations, missing teeth, and endodontically treated teeth:
  - Check here if no existing restorations, missing teeth or endodontically treated teeth

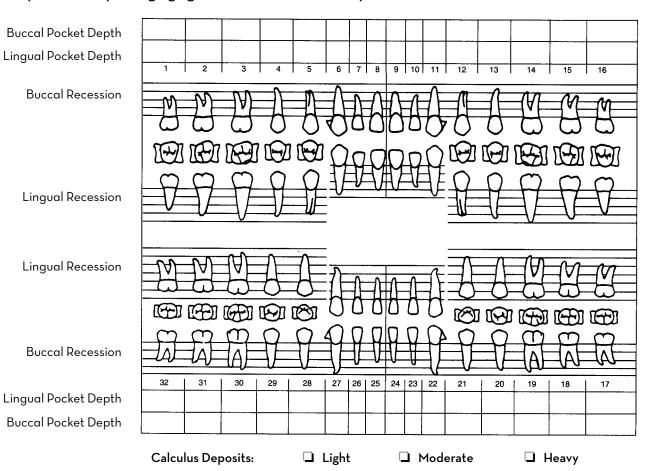
OR

Comment on findings:



### II. Periodontal Evaluation

A. Chart periodontal probings, gingival recession, and mobility



	Areas of bleeding upon probing	☐ None	Affected teeth:			
	Areas of suppuration	☐ None	☐ Affected teeth:			
	Furcation involvement	☐ None	Affected teeth:			
	Insufficient attached gingiva	☐ None	☐ Affected teeth:			
C.	Periodontal Classification:					
	☐ No Disease ☐ (	Class I: Gingivitis	☐ Class II: Early Periodontitis			
		Class III: Moderate	Periodontitis			
D.	Recommended periodontal th	erany.				
	реготор					
Т	hird Molar Evaluation					
☐ Third molars present and asymptomatic						
	I hard molars present and asymmetric in the second community of the second community in the second	ntomatic				
			on rare case of baying pover had them)			
	☐ Third molars not present (previo	ously removed or tl	he rare case of having never had them)			
	☐ Third molars not present (previo	ously removed or tl	ne rare case of having never had them) m and removal was completed on Date:			
	☐ Third molars not present (previo	ously removed or tl	· ·			
Т	☐ Third molars not present (previo	ously removed or tl	· ·			
Т	☐ Third molars not present (previo	ously removed or tl	· ·			
Т	☐ Third molars not present (previous of Third molars were symptomatic of TMJ ☐ No history of TMJ	ously removed or tl at time of this exa	m and removal was completed on Date:			
T	☐ Third molars not present (previous of Third molars were symptomatic of TMJ ☐ No history of TMJ	ously removed or tl at time of this exa	m and removal was completed on Date:   History of TMJ symptoms			
	☐ Third molars not present (previous of Third molars were symptomatic of TMJ ☐ No history of TMJ	ously removed or tl at time of this exa	m and removal was completed on Date:   History of TMJ symptoms			
	<ul> <li>□ Third molars not present (previous present)</li> <li>□ Third molars were symptomatic</li> <li>MJ Evaluation</li> <li>□ No history of TMJ</li> <li>Please describe treatment proving previous present</li> </ul>	ously removed or tl at time of this exa	m and removal was completed on Date:			
	☐ Third molars not present (previous of the provided in the p	ously removed or the at time of this exa	m and removal was completed on Date:  History of TMJ symptoms symptoms are present at this time:  History of bruxism			
	☐ Third molars not present (previous of the provided in the p	ously removed or the at time of this exa	m and removal was completed on Date:			
В	☐ Third molars not present (previous of the provided in the p	ously removed or the at time of this exa	m and removal was completed on Date:  History of TMJ symptoms symptoms are present at this time:  History of bruxism			
В	□ Third molars not present (previous Third molars were symptomatic MJ Evaluation □ No history of TMJ Please describe treatment proveruxism □ No history of bruxism Please describe any bruxism has Please describe any bruxism has Prosthesis	ously removed or the at time of this exa	m and removal was completed on Date:  History of TMJ symptoms symptoms are present at this time:  History of bruxism ear facets or need for occlusal guard:			
В	☐ Third molars not present (previous Third molars were symptomatic MJ Evaluation ☐ No history of TMJ ☐ Please describe treatment provides Please describe any bruxism Please describe any bruxism has Prosthesis ☐ No prosthesis present	ously removed or the at time of this exa	m and removal was completed on Date:  History of TMJ symptoms symptoms are present at this time:  History of bruxism			

Application Case ID:

Application Case ID:	

## VII. Treatment

List all treatment completed after this examination. Do not include treatment planned but not yet completed.

Treatment Date Completed Signature of Dentist

Ensure the entire form is completely filled out and each box below is checked prior to returning to the Peace Corps. Incomplete exams will be returned.

After examination of this Peace Corps applicant, review of radiographs and treatment rendered as necessary, I attest that the applicant's current condition meets the following requirements:

- Decayed teeth have been restored or extracted.
- Fractured teeth have been restored or extracted.
- Fractured restorations have been repaired with a new restoration or the tooth has been extracted.
- Advanced periodontal disease that is likely to become symptomatic has been corrected.
- ☐ Abscessed teeth have been treated with root canal therapy or extraction.
- ☐ Teeth with irreversible pulpitis have been treated with root canal therapy or extraction
- Teeth with previous root canal therapy that is failing have been retreated (either conventionally or surgically) or extracted.
- Temporary restorations (including stainless steel crowns) have been replaced with permanent restorations.
- Active orthodontic therapy has been completed and the bands removed. Retainers (either fixed or removable) are acceptable.
- Third molars, if any, are asymptomatic at time of exam.
- TMJ disorder, if present, is asymptomatic at time of exam.

# Important

### Dental examination is complete only when:

- 1 The dentist has completed all sections of the charting form.
- 2 The dentist has attested that by checking each box above, that the applicant has met all the requirements for dental qualification.
- **2** The dentist has signed and dated the form.
- **3** The dentist has listed all treatments completed in Section VII.
- 4 The dentist has included one of the following sets of X-rays:
  - 1) A full mouth series, or
  - 2) A Panorex with bitewing X-rays.
    - · Periapical or Panorex films must be less than 2 years old.
    - · Bitewing X-rays must be less than 1 year old.
    - · All films must be original films, not duplicates.

Note: High quality digital X-rays can be accepted. All CDs must be submitted in a protective cover.

Close-of-service only: The dentist has included bitewing X-rays.

Dentist's signature	
	Date
Dentist's license number	61.1
	State
Dentist's name, address and phone number	
FOR PEACE CORPS USE ONLY	
☐ Dental clearance has been completed	
☐ Dental X-rays have been submitted as required	d

## **Peace Corps**

# Report of Dental Evaluation

PC-OMS-1790 Dental S
OMB No.: 0420-xxxx
Expiration Date:

Jental Evaluation		Name: (Last, First, Middle Initial)	Sex M□ F□	
PEACE CORPS USE ONLY Check one:		Social Security number	Date of birth (MO / DAY / YR)	
☐ Pre-service dental exam		L	, , , , , , , , , , , , , , , , , , , ,	
☐ In-service dental exam	Country of service			
Post-service dental exam	Country of service			
		Telephone No.	( )	

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## I. General Dental Evaluation

 Date of exam
 (MO / DAY / YR)

 /
 /

- A. Chart existing restorations, missing teeth, and endodontically treated teeth:
  - Check here if no existing restorations, missing teeth or endodontically treated teeth

OR

Comment on findings:

