

ORAL EXAMINATION REPORT

Please complete the following information and submit one form for each Insured Person (Patient).

Please send all claims and inquiries to: **Pacific Cross Insurance Company Limited**

c/o International Administrators Limited

31/F, Times Media Centre, 133 Wan Chai Road, Wan Chai, Hong Kong, SAR

Tel: (852) 2573 2535

Fax: (852) 2573 2917

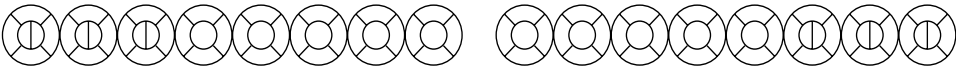
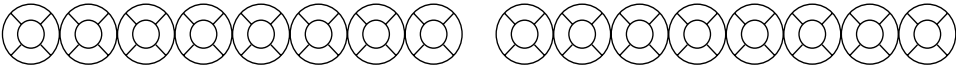
E-mail: customerservice@pacificcross.com

Website: <http://www.pacificcross.com>

SECTION A – PARTICULARS OF THE EXAMINEE

Name of Policyholder	Policy No.
Name of Insured Person (Patient)	Member No.
Date of Birth (MM/DD/YY)	Sex

SECTION B – EXAMINING DENTIST'S REPORT

1. Have any dental X-rays been taken during this examination? If "Yes", please describe nature of X-rays and reason for taking such:	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Please describe general condition of dentures (if any):	
3. Other abnormalities or observations: please specify	
4. Diagrammatic Report on Oral Examination (as per symbols and colours overleaf)	
<div style="margin-bottom: 10px;">LABIAL</div> <div style="display: flex; justify-content: space-around; align-items: center;">  </div> <div style="display: flex; justify-content: space-between; margin: 0 100px;"> RIGHT LINGUAL LEFT </div> <div style="margin-top: 10px;">  </div> <div style="margin-top: 10px;">LABIAL</div>	

Name of Dentist: _____

Address: _____

Telephone No.: _____

E-mail: _____

Signature of Dentist with Stamp

Date: _____

Examination Reporting Code:

1. Please record findings of your examination (including X-rays) on the report form overleaf with the following symbols and colours:

Tooth previously extracted



Tooth now requiring extraction



Previous filling – in sound condition



Previous filling – now requires attention



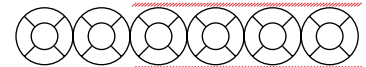
Cavity requiring filling



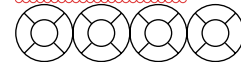
Root abscesses



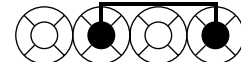
Gingivitis



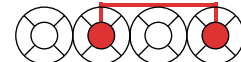
Periodontitis



Bridge (in sound condition)



Bridge requiring attention



Crown – in sound condition



Crown – requiring attention



Wisdom teeth impacted



2. Please mark position of artificial teeth currently on dentures as per illustration:

