Place of disaster: _____ **PM No:** _____

Nature of disaster: _____

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

ODONTOLOGY

630 Dental findings (for primary teeth change specific FDI code)

11			21
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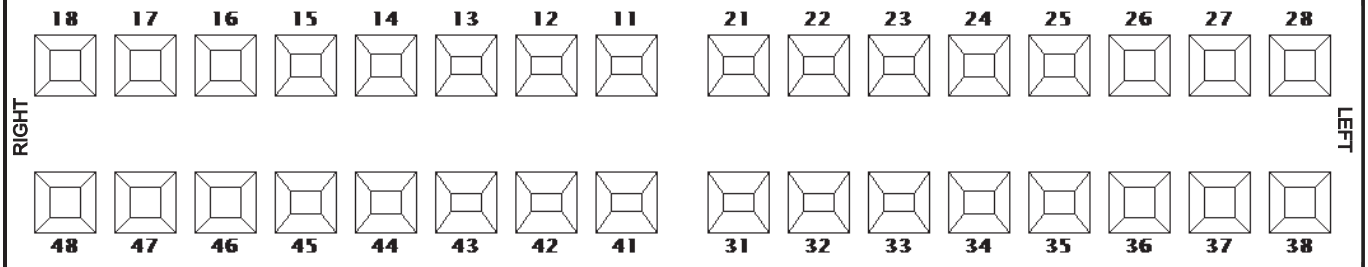

48			38
47			37
46			36
45			35
44			34
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			a	b	c
635	**Specific data** 01 Specify	1 ☐ *Crowns* 2 ☐ *Pontics* 3 ☐ *Implants* 4 ☐ *Dentures* 5 ☐ *Other*			
640	**Other findings** 01 Specify	1 ☐ *Occlusion* 2 ☐ *Tooth wear* 3 ☐ *Periodontal status* 4 ☐ *Supernumeraries* 5 ☐ *Stains* 6 ☐ *Other*			
645	**Type of dentition** 01 Dention	1 ☐ *Primary dentition* 2 ☐ *Mixed dentition* 3 ☐ *Permanent dentition*			
647	**Estimated age** 01 Age (Fill either year or month)	*Min* _____ *year* / *Max* _____ *year*; *Min* _____ *month* / *Max* _____ *month*			
650	**Quality check** FOd 1	*Date:* *Signature:* *FOd 1 Name:*			
	FOd 2 (If available)	*Date:* *Signature:* *FOd 2 Name:*			

Registered by	Duty Title	:	*Signature / Date*
	Name	:	
	Address	:	
	Phone / Email	:	