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

			a	b	c
610	**Material present for examination**	*Check* / *Specimen taken*			
	01 Jaws with teeth	☐ *Upper* ☐ *Lower*			
	02 Jaws without teeth	☐ *Upper* ☐ *Lower*			
	03 Teeth only	*FDI No's:*			
	04 Fragments				
	05 Other				
615	**Dental images available**	1 *Digital* / 2 *State number of* / 3 *Non digital* / 4 *State number of*			
	01 PA	☐ / ☐			
	02 BW	☐ / ☐			
	03 OPG	☐ / ☐			
	04 CT	☐ / ☐			
	05 Other radiographs	☐ / ☐			
	06 Photographs	☐ / ☐			
625	**Supplementary details**				
	01 Condition of the body				
	02 Other details				

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