

DENTAL ANATOMY ASSESSMENT

Universal Numbering System

STUDENT NAME:

DATE:

PATIENT ID/REF:

[Anatomical Arch Diagram - Superior & Inferior View]

Maxillary (Upper)

#	Tooth Type	Observations
1-3	Molars (R)	
4-5	Premolars (R)	
6	Canine (R)	
7-8	Incisors (R)	
9-10	Incisors (L)	
11	Canine (L)	
12-13	Premolars (L)	
14-16	Molars (L)	

Mandibular (Lower)

#	Tooth Type	Observations
17-19	Molars (L)	
20-21	Premolars (L)	
22	Canine (L)	
23-24	Incisors (L)	

#	Tooth Type	Observations
25- 26	Incisors (R)	
27	Canine (R)	
28- 29	Premolars (R)	
30- 32	Molars (R)	

Clinical Key:

C (Caries)

M (Missing)

F (Filled)

R (Root Canal)

I (Implant)

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