## Full Mouth Series (FMX)

| Patient Information |  |
| :---: | :---: |
| Name: Jessica Jones |  |
| Date of Birth: 1998/03/23 |  |
| Gender: Female |  |
| Address: 100 Alison drive |  |
| Contact Number: 0000000000 |  |
| Emergency Contact Name: Harrison Jones (father) | Number: 000000000 |
| FMX Information |  |
| Current Date: 2023/12/18 |  |
| Reasons for Procedure: Updating FMX for patient documentation |  |
| Additional Comments: |  |
| Larry Jackson | L. J. |
| Practitioner Name | Practitioner Signature |
| Date: $2023 / 12 / 18$ |  |

FMX 18


Image sourced from:
https.///pattersonsupport.custhelp.com/euf/assets/Digital/Schick/Sensor Templates/FMX 18 Te mplate 08.05.2016.pdf?nointercept/1

Instructions: Using the image above, plot the information relevant to each section in the table below.

| Section number | Name of tooth | Teeth | Additional notes |
| :---: | :---: | :---: | :---: |
| 1 | Upper Left PA | 10, 11 |  |
| 2 | Upper Central PA | 7, 8. 9. 10 |  |
| 3 | Upper Right PA | 6,7 |  |
| 4 | Lower Right PA | 26, 27 |  |
| 5 | Lower Central PA | 24, 25 |  |
| 6 | Lower Left PA | 22, 23 |  |
| 7 | Upper Left Premolar PA | 12, 13, 14 |  |
| 8 | Upper Left 3rd Molar PA | 14, 15, 16 |  |
| 9 | Lower Right Premolar PA | 28, 29, 30 |  |
| 10 | Lower Right 3rd Premolar | 31, 32, 33 |  |
| 11 | Upper Right Premolar PA | 3, 4, 5 |  |
| 12 | Upper Right 3rd Molar PA | 1, 2, 3 |  |
| 13 | Lower Left Premolar PA | 19, 20, 21 |  |
| 14 | Lower Left 3rd Molar PA | 17, 18, 19 |  |
| 15 | Left 3rd Molar PA | 14, 15, 16, 17, 18, 19 |  |
| 16 | Left Premolar BW | 12, 13, 14, 19, 20, 21, |  |
| 17 | Right Premolar BW | $3,4,5,28,29,30$ |  |
| 18 | Right 3rd Molar BW | 1, 2, 3, 30, 31, 32 |  |

Additional comments (include referrals for further procedures and diagnoses): Jessica has good oral health, and should continue with her current oral health regime.

## Larry Jackson

Practitioner name
L. J.

Practitioner signature

FMX 20


Image sourced from:
https://pattersonsupport.custhelp.com/euf/assets/Digital/Schick/Sensor Templates/FMX 18 Te mplate 08.05.2016.pdf?nointercept/1

Instructions: Using the image above, plot the information relevant to each section in the table below.

| Section number | Name of tooth | Teeth | Additional notes |
| :---: | :---: | :---: | :---: |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
|  |  |  |  |


| 16 |  |  |  |
| :--- | :--- | :--- | :--- |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |

Additional comments (include referrals for further procedures and diagnoses):

Date: $\qquad$ 1

