

# Full Mouth Series (FMX)

## Patient information

Name:

Gender:

Date of birth:

Address:

Number:

Contact number:

Emergency contact number:

## FMX information

Current date:

Reason for procedure

Additional comments

Practitioner name:

Practitioner signature:

Date:

## Instructions

Please document each section of teeth by noting the section name, tooth numbers within that section, and the condition of each tooth based on the patient's FMX 18 or FMX 20 X-ray. In the notes column, provide any specific observations for each section.

Tooth section	Tooth section name	Teeth numbers included	Condition	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Tooth Section	Tooth section name	Teeth numbers included	Condition	Notes
15				
16				
17				
18				
19				
20				

Additional comments
<div></div>

Practitioner name:
Practitioner signature:
Date:

\*Sections 19 and 20 are only applicable for FMX 20 scans

Please attach the patient's FMX X-ray to this form.