BRITISH COLUMBIA DENTAL HYGIENE CLINICAL EXAMINATION

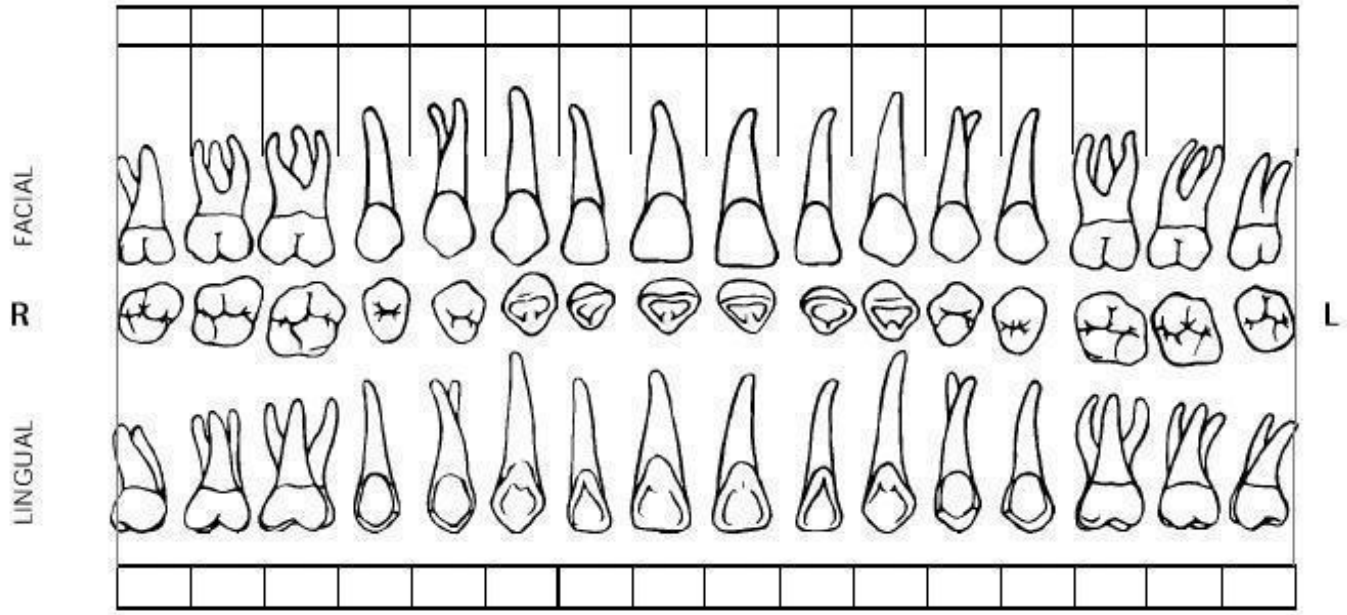
Periodontal Chart

SAMPLE

Candidate:_____

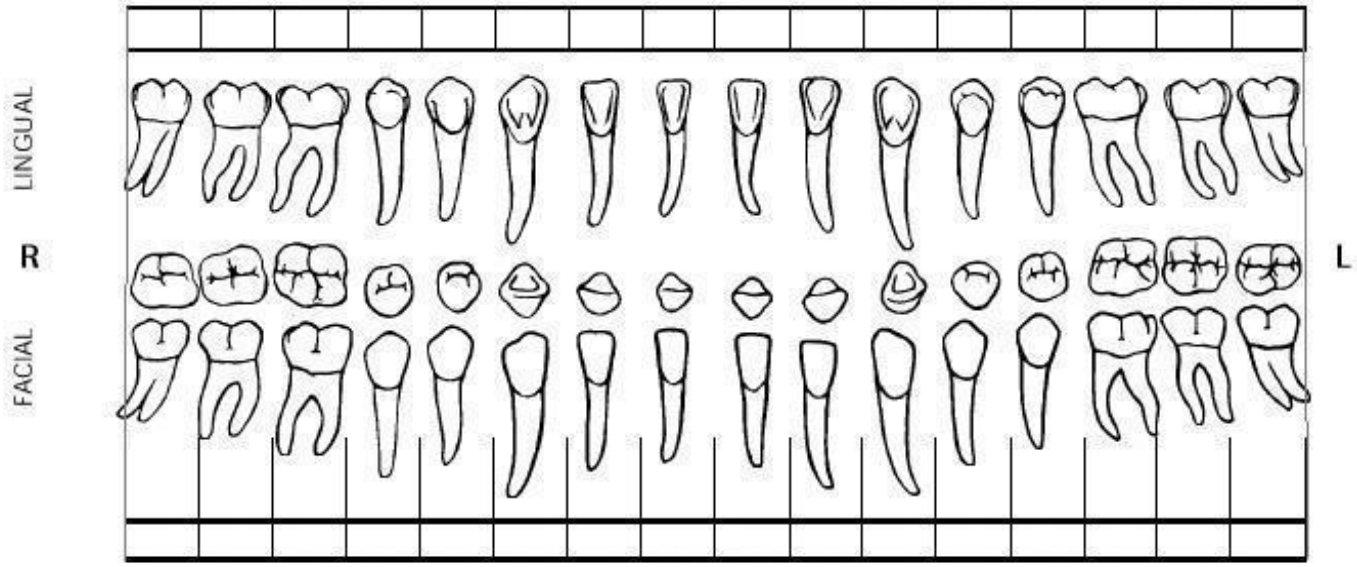
Patient: _____

Date: _____



Upper Mobility

Lower Mobility



Please create your periodontogram key in this space

_____=_____ _____=_____ _____=_____

_____=_____ _____=_____ _____=_____

_____=_____ _____=_____ _____=_____