PACIFIC CROSS
excellence at every contact

ORAL EXAMINATION REPORT

(All sections must be completed) - Additional Document for first Dental Claim

Please send all claims and inquiries to: **Pacific Cross Insurance Company Limited c/o International Services Pacific Cross**
Chaze Plaza Tower 19th Floor, Jl. Jend. Sudirman Kav. 21 Jakarta 12920, Indonesia
Tel: +62 21 2598 9878 Fax: +62 21 2598 9879
E-mail: claim@pic-indo.com Website: http://www.pacificcross.co.id

SECTION A – PARTICULARS OF THE EXAMINEE

Name	Date of Birth (MM/DD/YY)	Sex
Examination Date (MM/DD/YY)	Member No.	Policy No.
If group insurance, name of the Policyholder		

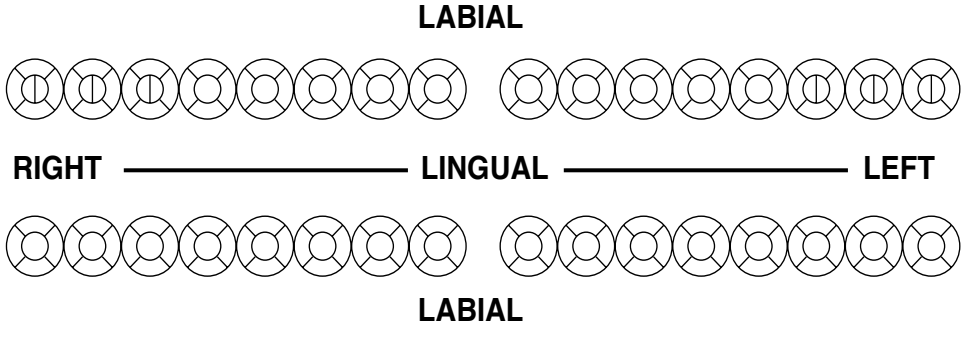
SECTION B – EXAMINING DENTIST'S REPORT

1. Have any dental X-rays been taken during this examination? Yes ☐ No ☐
   If "Yes", please describe nature of X-rays and reason for taking such:

2. Please describe general condition of dentures (if any):

3. Other abnormalities or observations: please specify

4. Diagramatic Report on Oral Examination (as per symbols and colours overleaf)



Name of Dentist: _____

Address: _____

_____

_____ _____

Telephone No.: _____ *Signature of Dentist with Stamp*

E-mail: _____ Date: _____

Examination Reporting Code:

1. Please record findings of your examination (including X-rays) on the report form overleaf with the following symbols and colours:

Tooth previously extracted

Tooth now requiring extraction

Previous filling – in sound condition

Previous filling – now requires attention

Cavity requiring filling

Root abscesses

Gingivitis

Periodontitis

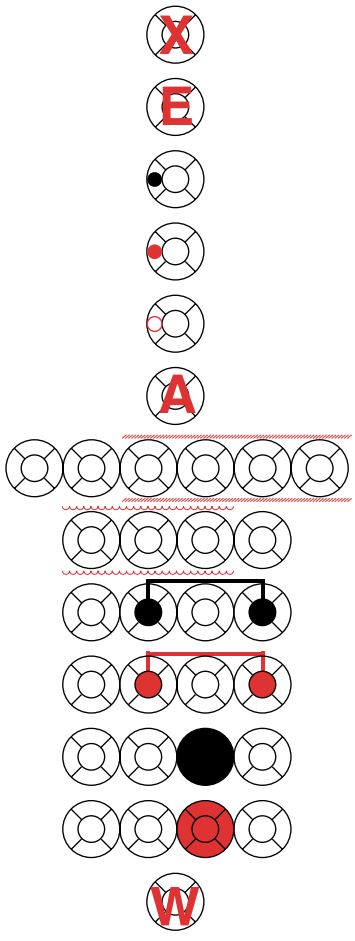
Bridge (in sound condition)

Bridge requiring attention

Crown – in sound condition

Crown – requiring attention

Wisdom teeth impacted



2. Please mark position of artificial teeth currently on dentures as per illustration: