

**CALCULUS DETECTION FORM - DH 145 (All calculus levels)**

**Patient name:** \_\_\_\_\_

Please indicate below areas of **calculus** using a **red pencil** for SUB and **blue pencil** for SUPRA

**Date:** \_\_\_\_\_

Facial								Facial							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Lingual								Lingual							
32 31 30 29 28 27 26 25								24 23 22 21 20 19 18 17							
Facial								Facial							

**DH 248 CALCULUS DETECTION FORM- LIGHT**

**Patient name:** \_\_\_\_\_

Please indicate below areas of **calculus** using a **red pencil** for SUB and **blue pencil** for SUPRA

**Date:** \_\_\_\_\_

Facial								Facial							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Lingual								Lingual							
32 31 30 29 28 27 26 25								24 23 22 21 20 19 18 17							
Facial								Facial							