OKLAHOMA DEPARTMENT OF CORRECTIONS
PERIODONTAL CHARTING

1 PSR Date: _____ **2 PSR Date:** _____ **3 PSR Date:** _____

R				L	R				L	R				L
	SEXTANT SCORE					SEXTANT SCORE					SEXTANT SCORE			

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Date	Initials
																1	
																2	
																3	

FACIAL

R	Mobility	Date	L
	1		
	2		
	3		

LINGUAL

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Date	Initials
																1	
																2	
																3	

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Date	Initials
																1	
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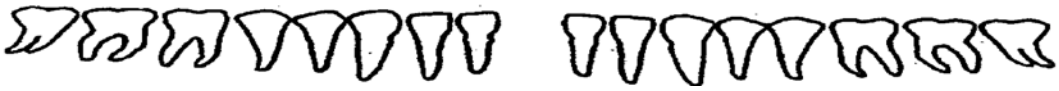

LINGUAL

R	Mobility	Date	L
	1		
	2		
	3		

FACIAL

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Date	Initials
																1	
																2	
																3	

Offender Name: _____ **DOC #:** _____