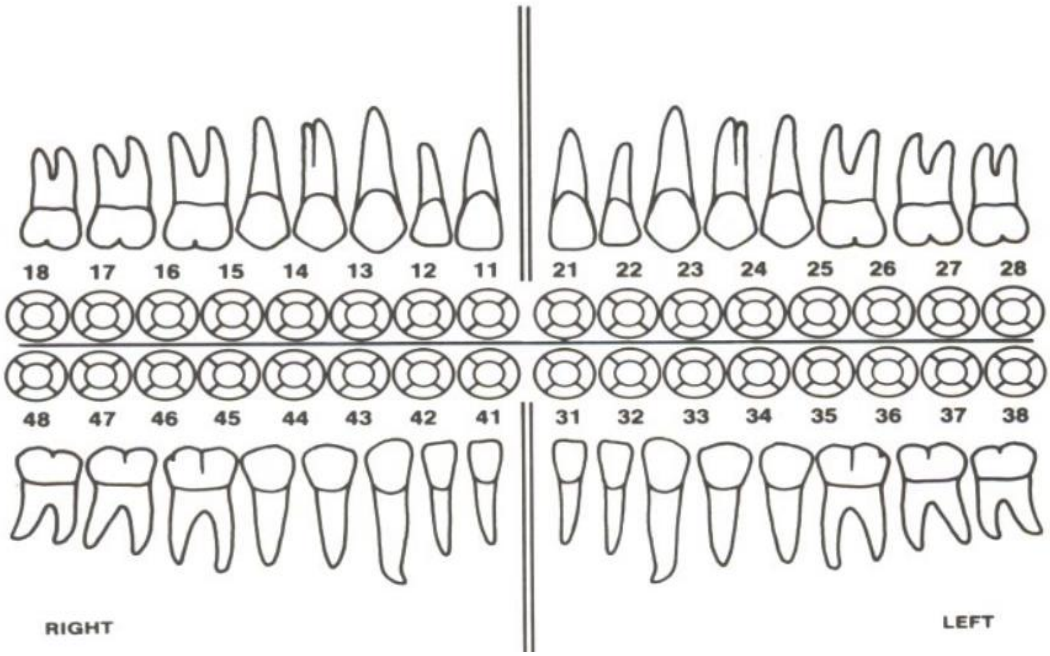
Saskatchewan
Health Authority

RESIDENT TOOTH CHART

LONG TERM CARE
ORAL HEALTH PROGRAM
HOME: _____

Resident's name: _____ Room #: _____



_____ CUD _____ labelled

_____ CLD _____ labelled

_____ URPD _____ cast _____ acrylic _____ labelled

_____ LRPD _____ cast _____ acrylic _____ labelled