

BAYLOR UNIVERSITY COLLEGE OF DENTISTRY
Department of Oral Diagnosis

Date 10-8-62 Reg. No. 3148
 Patient's Name Mrs. Margie Oswald Telephone Em - 31365
 Address 6028 Alabama Age 21
 Student Therese Adams

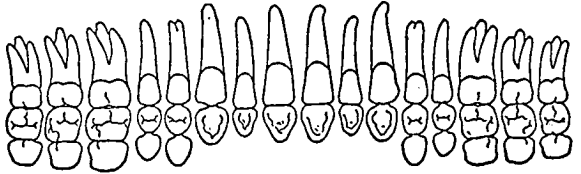
ORAL EXAMINATION

Ups:	Periodontium:
Tongue:	Saliva & Breath:
Floor of Mouth:	Lymph Nodes:
Cheeks:	Teeth & Occlusion:
Palate:	Tissue Tone:

CLINICAL AND X-RAY EXAMINATIONS

**CHART EXISTING CONDITIONS
IN BLUE**

CODE: Missing Teeth = X; Alloy fillings = fill in; Gold Restorations = diagonal lines; Synthetic fillings = leave blank; Removable Prosthesis = Bracket Above Teeth; Fixed Prosthesis = Bracket Below Teeth.



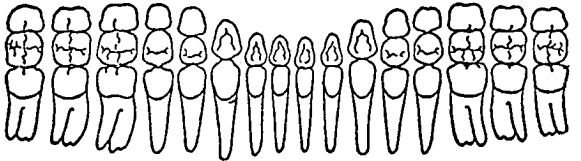
VITALITY

RIGHT

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

LEFT

VITALITY



**CHART INDICATED DENTAL
TREATMENT IN RED**

Teeth to be Extracted = /; Teeth to be Restored = Outline Extent; Teeth to be Replaced by Removable Prosthesis = Bracket Above Teeth; Teeth to be Replaced by Fixed Prosthesis = Bracket Below Teeth; Periodontal Treatment = Draw Alveolar Crest Line.

Remarks and Supplemental Information:

VERIFIED BY:

Form BD-267

Staples Exhibit #1

STAPLES EXHIBIT No. 1

MEDICAL QUESTIONNAIRE
 Caruth School of Dental Hygiene
 Baylor University College of Dentistry

To be completed on every patient before prophylaxis and kept in patient's record.

Dental Hygiene Student David Beckham
 Dental Student Stanley Allan

Mr. Patient Maria Rosal
 Reg. No. _____
 Date Oct 8, 1966

1. Do you have, or have you ever had:

If YES, are you under medication?
 What is the medications?

- | | | | | |
|--|--------------------------------------|-------------------------------------|-----|---------------------|
| A. Heart Trouble? | YES | NO | *DK | <u>spinting</u> |
| B. Rheumatic Fever? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| C. High or low blood pressure? | YES | NO | DK | <u>low tendency</u> |
| D. Swollen Ankles? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| E. Epilepsy? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| F. Tuberculosis? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| G. A series of "shots", "injections" or "needles"? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| H. SYPHILIS? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| I. Gonorrhoea? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| J. Diabetes? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| K. HEMOPHILIA? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| L. A tumor or cancer? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| M. Severe or abnormal bleeding following a cut or extraction of teeth? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| N. Periodontal treatment? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| O. Bleeding gums? | YES | <input checked="" type="radio"/> NO | DK | <u>some</u> |
| P. VINCENT infection "Trench Mouth" (NUG) | YES | <input checked="" type="radio"/> NO | DK | _____ |
| Q. Fainting or dizzy spells? | <input checked="" type="radio"/> YES | NO | DK | _____ |
| R. HEPATITIS, or Jaundice | YES | <input checked="" type="radio"/> NO | DK | _____ |

2. Are you allergic or show any reaction to:

- | | | | | |
|----------------------------------|-----|-------------------------------------|----|-------|
| A. Penicillin? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| B. Iodine? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| C. Metaphen or Mercurochrome? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| D. Novacaine or xylocaine? | YES | <input checked="" type="radio"/> NO | DK | _____ |
| E. Anesthesia, local or general? | YES | <input checked="" type="radio"/> NO | DK | _____ |

*DK - Don't know

Remarks:

Staples Exhibit #1

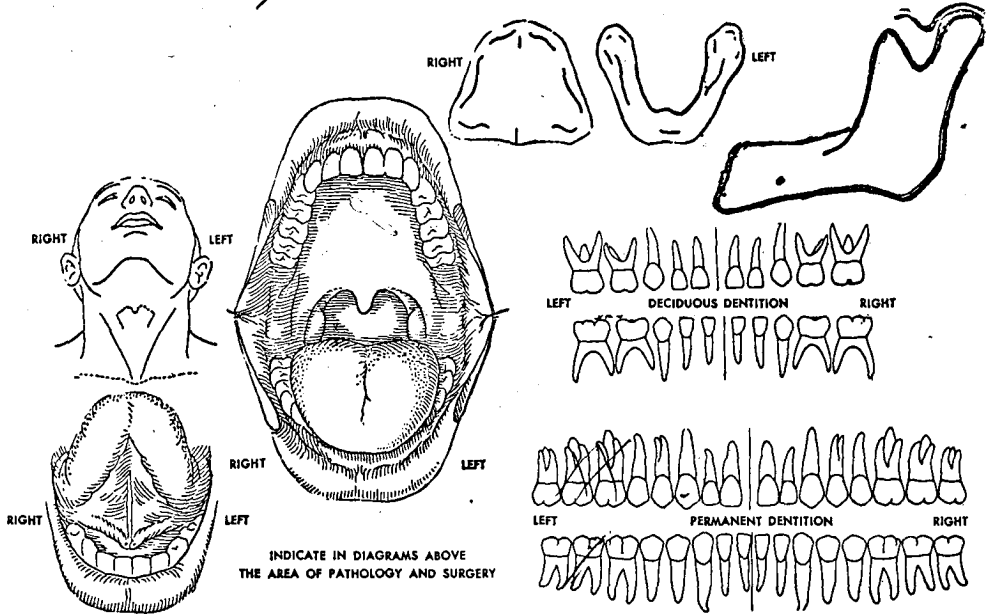
STAPLES EXHIBIT NO. 1—Continued

BAYLOR UNIVERSITY — COLLEGE OF DENTISTRY
DEPARTMENT OF ORAL SURGERY

DATE 10-10-62

PATIENT'S NAME MARMA CARROLL REGISTRY NO. 3148

STUDENT'S NAME HARVEY ALLEN STUDENT'S NUMBER 161



Summary of Medical History: Blood Pressure 100/30 Pulse 79 Respiration 18 Temperature 98.9°

patient has no drug sensitivity. No history of liver, kidney, lung, or cardiac disease. No history of bleeding problems. Patient sometimes reads slowly. Patient has a history of low blood pressure. She is nursing a baby at the present

TREATMENT AND PROGRESS NOTES

DATE	Premedication	ANESTHESIA	OPERATION (S) detail	STUDENT	DOCTOR	FEE
10/10/62	None	N.P.C.	alt. UR-6+7 LR-7	H. Allen	D. Davis	

USE OTHER SIDE OF SHEET FOR ADDITIONAL SURGERY OR POST OPERATIVE NOTES

Staples Exhibit #1

Form 24-3-55

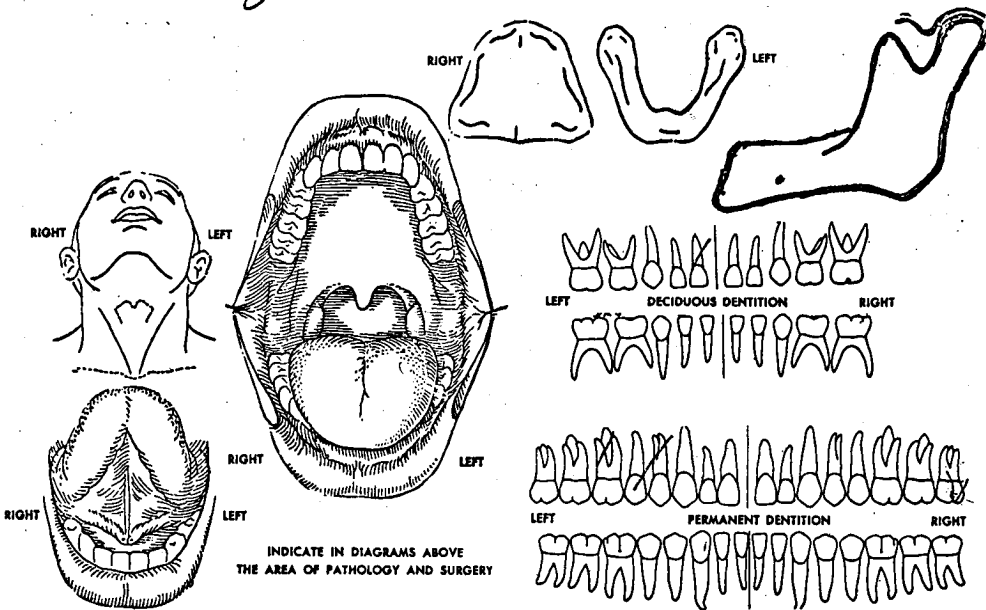
STAPLES EXHIBIT NO. 1—Continued

BAYLOR UNIVERSITY — COLLEGE OF DENTISTRY
DEPARTMENT OF ORAL SURGERY

DATE 10-15-62

PATIENT'S NAME Marna Powell REGISTRY NO. 3148

STUDENT'S NAME Harvey Allen STUDENT'S NUMBER 161



Summary of Medical History: Blood Pressure 112/45 Pulse 76 Respiration 17 Temperature 98.4°

Patient has no history of drug allergy. No history of liver, kidney, lung, or cardiac disease. No history of bleeding problems. Patient sometimes feels dizzy. Patient has a history of low blood pressure. She is nursing a baby at the

TREATMENT AND PROGRESS NOTES

DATE	Premedication	ANESTHESIA	OPERATION (S) detail	STUDENT	DOCTOR	FEE
10/13/62	None	N.P.E.	U6 - 4 U6 - root tips	H. Allen	[Signature]	\$74.00

ADDITIONAL SURGERY OR POST OPERATIVE NOTES
Staples Exhibit #1 Form 24-2-55

STAPLES EXHIBIT No. 1—Continued

NAME <i>Oswood, Mrs. Marion</i>		PAT. NO.		No 3148			
ADDRESS <i>6623 Dickson</i>		STUDENT NO.		TEL. NO. <i>EM - 51364</i>			
DEPT.	TREATMENTS	DATE	SYMBOLS	CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE
		1					
		2	OCT:8'62	5.388	3.00	419	8
		3					
		4	OCT:8'62	5.389	8.00	161	7
		5					
		6	OCT:10'62	5.628	6.00	161	1
<i>5 reg</i>	<i>out VL - 61</i>	7					
	<i>VL - out - 11</i>	8	OCT:16'62	6.017	4.00	161	1
		9					
		10					
		11					
		12					
		13					
		14					
		15					

BAYLOR UNIVERSITY COLLEGE OF DENTISTRY

Staples Exhibit #1

STAPLES EXHIBIT No. 1—Continued