DENTAL EVALUATION

Evaluation Summary

Patient Name:	Evaluation Name:	Evaluation Date:
CLASSTWO	Case of CLASSTWO	2/10/25, 12:00 AM

A. Dental

Lower difficulty

B. Orthodontic (Tooth

Teeth alignment are needed (esthetic and function) to be performed by specialist

D. Restorative (Cavity or

Some dental/ oral restoration is recommended (possible filling, cavities)

C. Periodontic (Gum

Some dental/ oral hygiene maintenance is recommended

E. Cost Estimation

The total cost estimation based on these assessment is 1 out of 4 (affordable)

Reference: TPIX-7AFCA47D-AD84-42E8-89E4-B6C6DD49B4A3

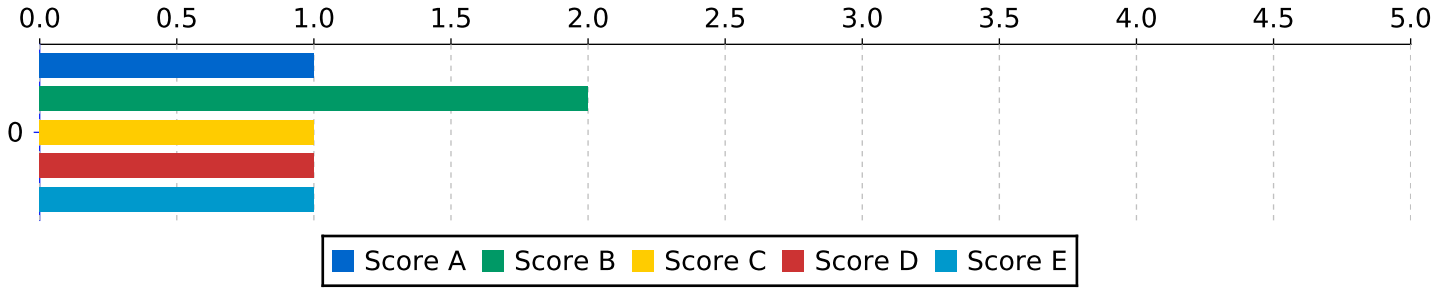
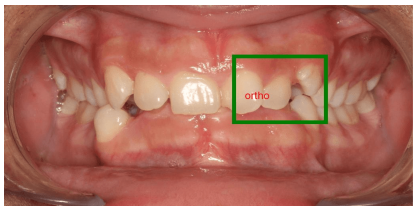


Image Teeth

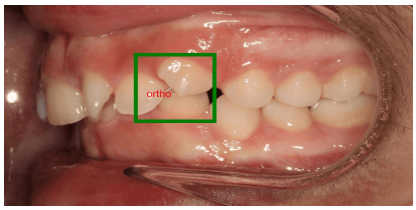
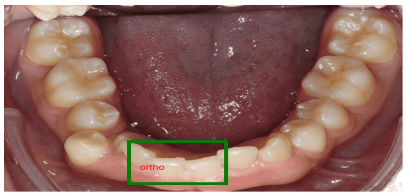
Image Type	Detected Dental Findings	Image Result
Intra Oral Front	Restoration: 0; Decay: 0; Ortho: 1; Perio: 0; Brackets: 0	

DENTAL EVALUATION

Evaluation Summary

Patient Name:	Evaluation Name:	Evaluation Date:
CLASSTWO	Case of CLASSTWO	2/10/25, 12:00 AM

Image Teeth

Image Type	Detected Dental Findings	Image Result
Intra Oral Left	Restoration: 0; Decay: 0; Ortho: 1; Perio: 0; Brackets: 0	
Intra Oral Lower	Restoration: 0; Decay: 0; Ortho: 1; Perio: 0; Brackets: 0	
Dental Panoramic	Restoration: 0; Decay: 0; Ortho: 0; Perio: 0; Brackets: 0