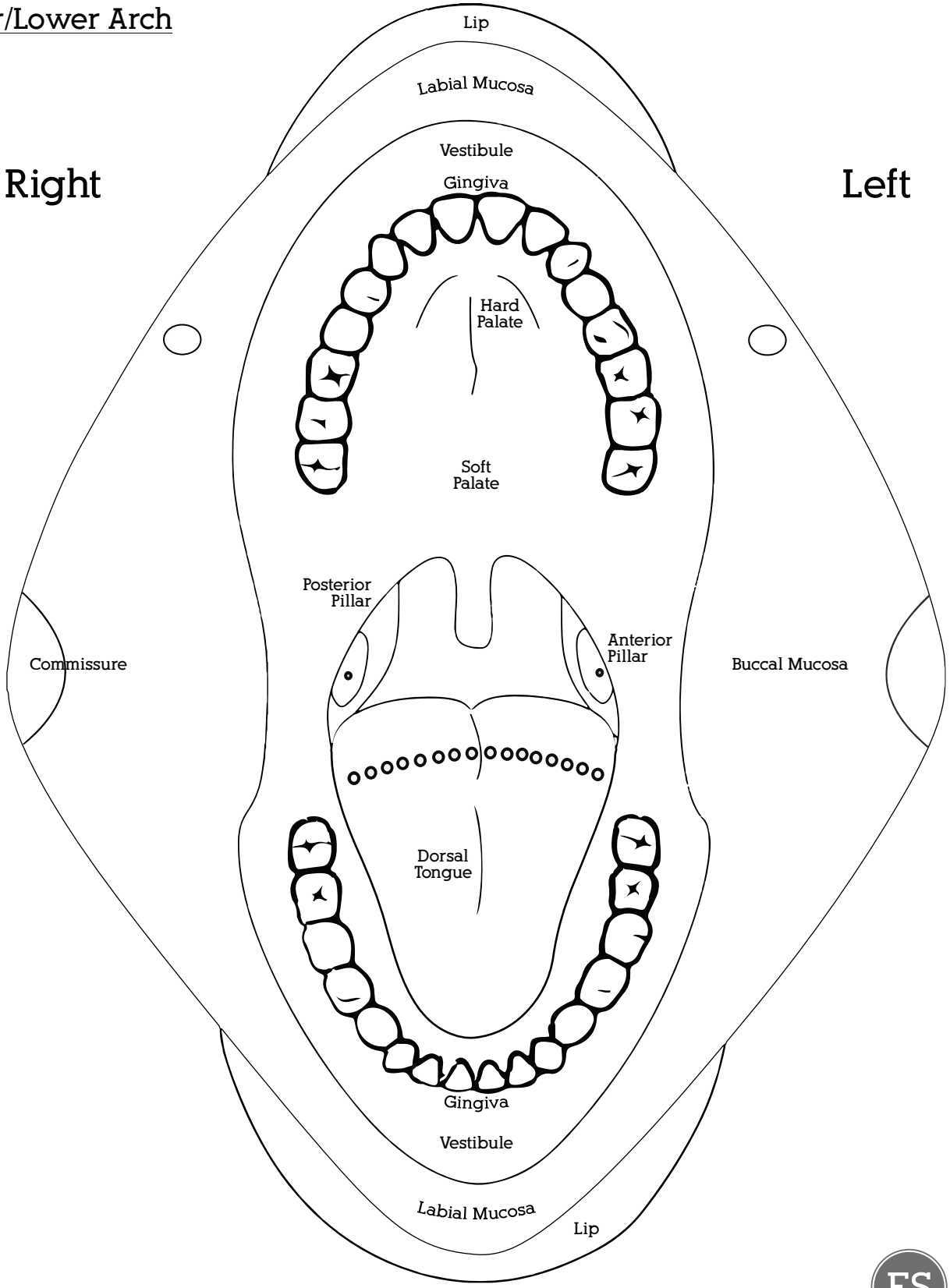
OralID®
Shine Light. Change Lives.

Patient Name:	Date:
Patient/Case Number:	Clinician:
Clinical Impression:	

Upper/Lower Arch

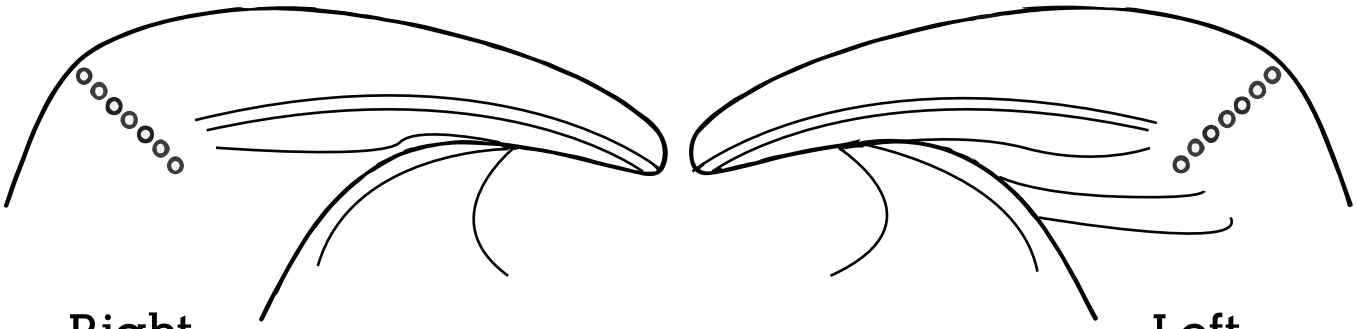


FS FORWARD SCIENCE®

OralID®
Shine Light. Change Lives.

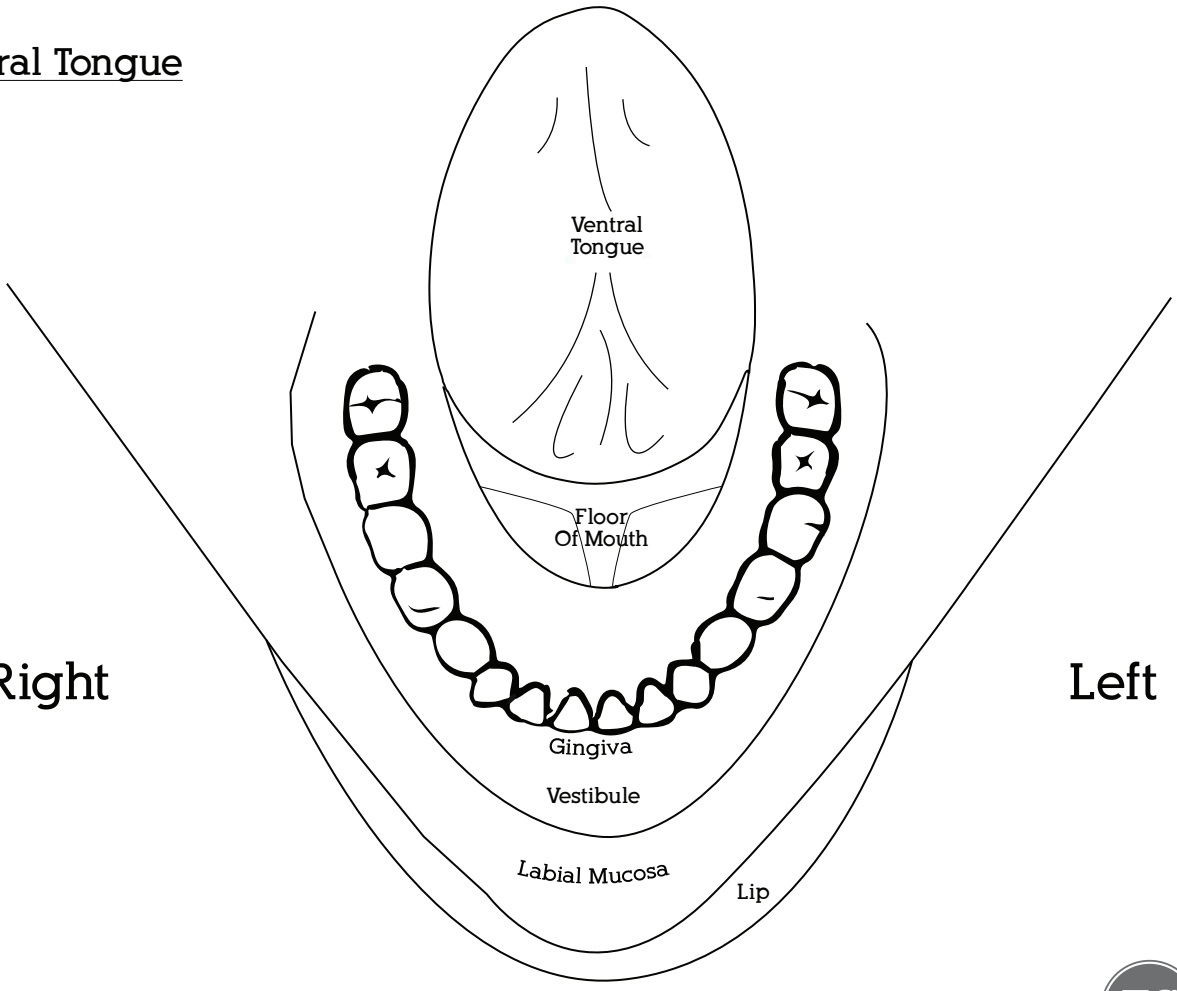
Patient Name:	Date:
Patient/Case Number:	Clinician:
Clinical Impression:	

Lateral Tongue



Right Left

Ventral Tongue



Right Left