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| --- |
| **Student Name:** |
| Click here to enter text. |
| **Case abstract** (Provide a brief synopsis of this patient)**:**  |
| Click here to enter text. |
| **axiUm Chart:** |
| Click here to enter text. |
| **Date of Rounds presentation:** |
| Click here to enter text. |
| **D3 Student:** |
| Click here to enter text. |
| **D2 Student:** |
| Click here to enter text. |
| **D1 Student:** |
| Click here to enter text. |
| **Medical History:** |
| Click here to enter text. |
| **Dental History:** |
| Click here to enter text. |
| **Radiographic Findings:** |
| Click here to enter text. |
| **Clinical Findings:** |
| Click here to enter text. |
| **Periodontal Findings:** |
| Click here to enter text. |
| **Periodontal Diagnosis:** |
| Click here to enter text. |
| **Problem List:** |
| Click here to enter text. |
| **Other:** |
| Click here to enter text. |