**APÊNDICE C**

Data \_\_\_\_/\_\_\_\_/\_\_\_\_

**ODONTOGRAMA INICIAL – ICDAS**

Urgência

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Nome da criança:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examinador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anotador:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ceo-d

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ICDAS

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**ODONTOGRAMA FINAL - ICDAS**

Examinador:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anotador:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ceo-d

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ceo-d

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ICDAS

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Hábitos Deletérios: (  ) Sim    (  )  Não

Aspecto da mordida: (  )  Normal  (  )  Alterada (especificar) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observações/necessidades de outros cuidados ( especificar): \_\_\_\_\_\_\_\_\_\_\_\_\_\_