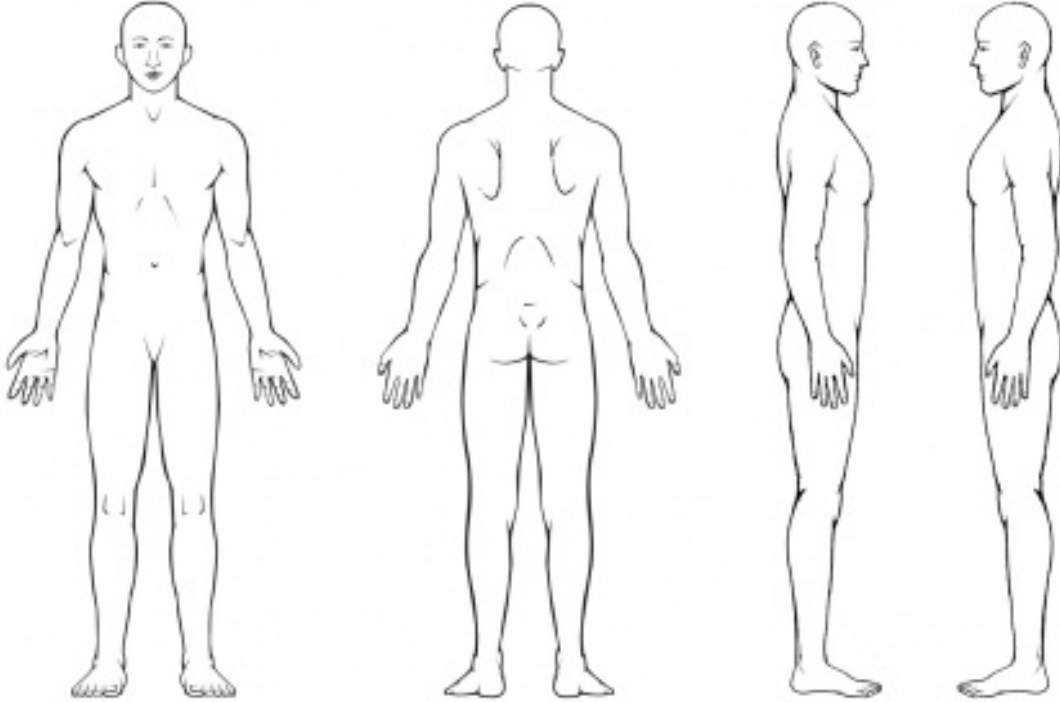


Forensic Bite Mark Examination

Reference No.

Victim Name		D.O.B	
Examined At			
On (Date)		Time	
By (Odontologist/s)			
Others Present (Name)			



Details Diagram / Description / Comments / Measurements etc.

Impressions <input type="checkbox"/>	Material Alginate <input type="checkbox"/>	Photographs <input type="checkbox"/>	<i>Number</i> :
	PVS <input type="checkbox"/>	Swab (DNA) <input type="checkbox"/>	<i>Number</i> :
	Other <input type="checkbox"/>		

Odontologist Signature