

DENTAL MEASUREMENTS

Specimen No:	Site/Project:	Sex: M F ?
Burial Number:	Recorder:	Age:
Institution:		Date Examined (mm/dd/yyyy):

MAXILLARY								MANDIBULAR									
RT	Mesio-distal				Buccal-lingual				RT	Mesio-distal				Buccal-lingual			
M ³			.				.		M ₃			.				.	
M ²			.				.		M ₂			.				.	
M ¹			.				.		M ₁			.				.	
P ⁴			.				.		P ₄			.				.	
P ³			.				.		P ₃			.				.	
C			.				.		C			.				.	
I ²			.				.		I ₂			.				.	
I ¹			.				.		I ₁			.				.	
MAXILLARY								MANDIBULAR									
LT	Mesio-distal				Buccal-lingual				LT	Mesio-distal				Buccal-lingual			
M ³			.				.		M ₃			.				.	
M ²			.				.		M ₂			.				.	
M ¹			.				.		M ₁			.				.	
P ⁴			.				.		P ₄			.				.	
P ³			.				.		P ₃			.				.	
C			.				.		C			.				.	
I ²			.				.		I ₂			.				.	
I ¹			.				.		I ₁			.				.	

Comments: