

CANID—CRANIAL TRAUMA & DENTAL DISEASE RECORDING FORM

Observer: _____

Date: _____

Numeric ID: _____

Provenience: _____

Tooth Loss Categories

A= antemortem

P = postmortem

U = unknown

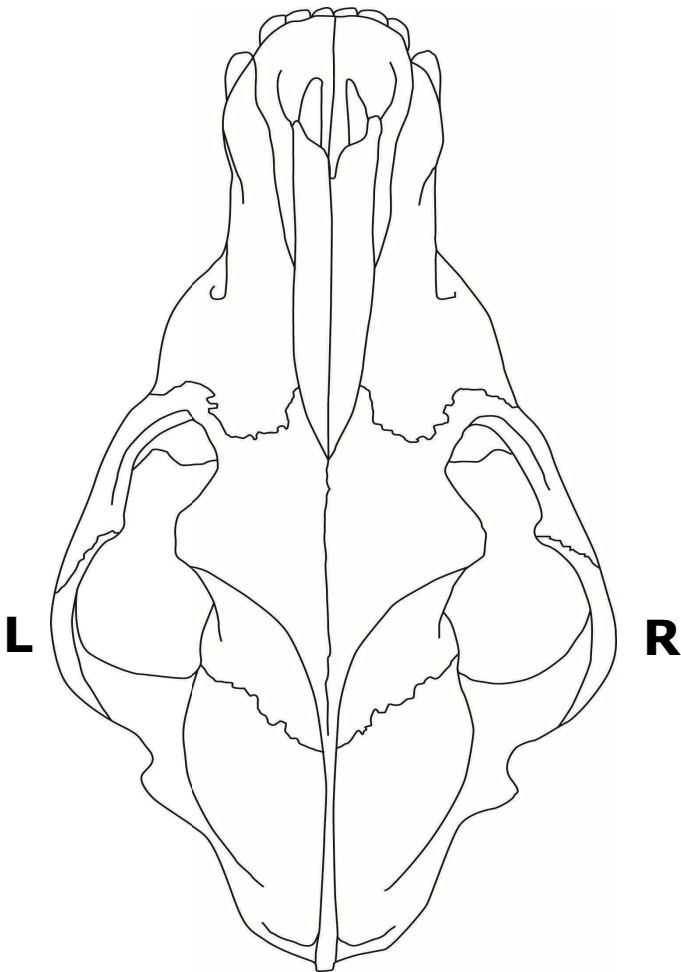
Indicate bone missing AM with cross-hatching



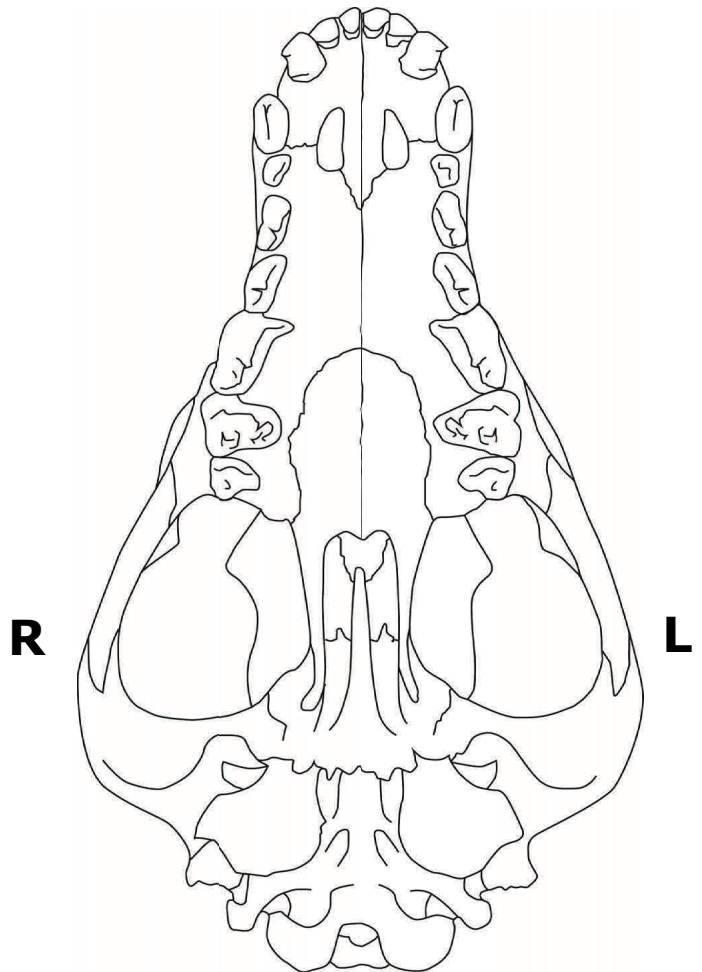
Indicate bone missing PM with wavy lines



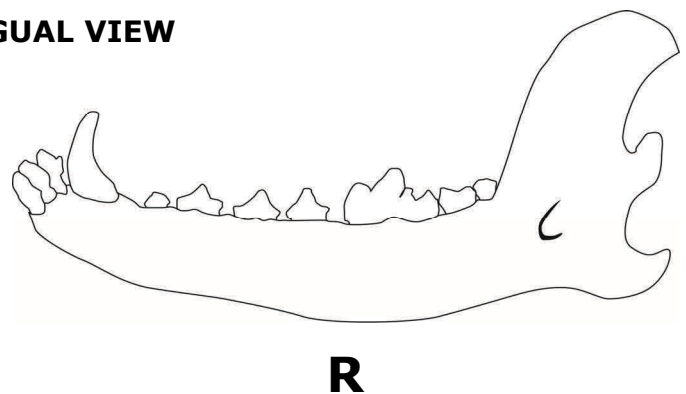
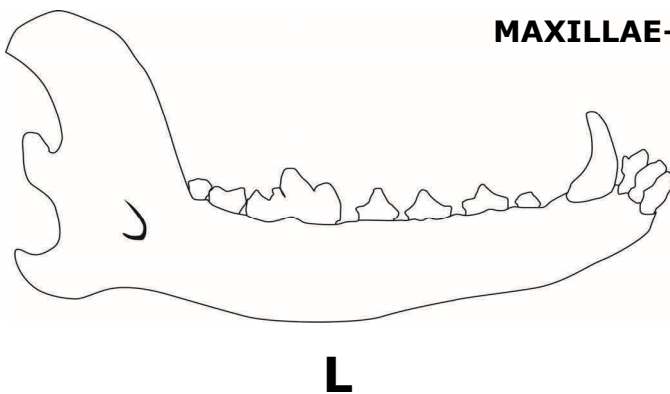
CRANIUM—DORSAL VIEW



CRANIUM—VENTRAL VIEW



MAXILLAE—LINGUAL VIEW




CANID—CRANIAL TRAUMA & DENTAL DISEASE RECORDING FORM


Observer: _____

Date: _____

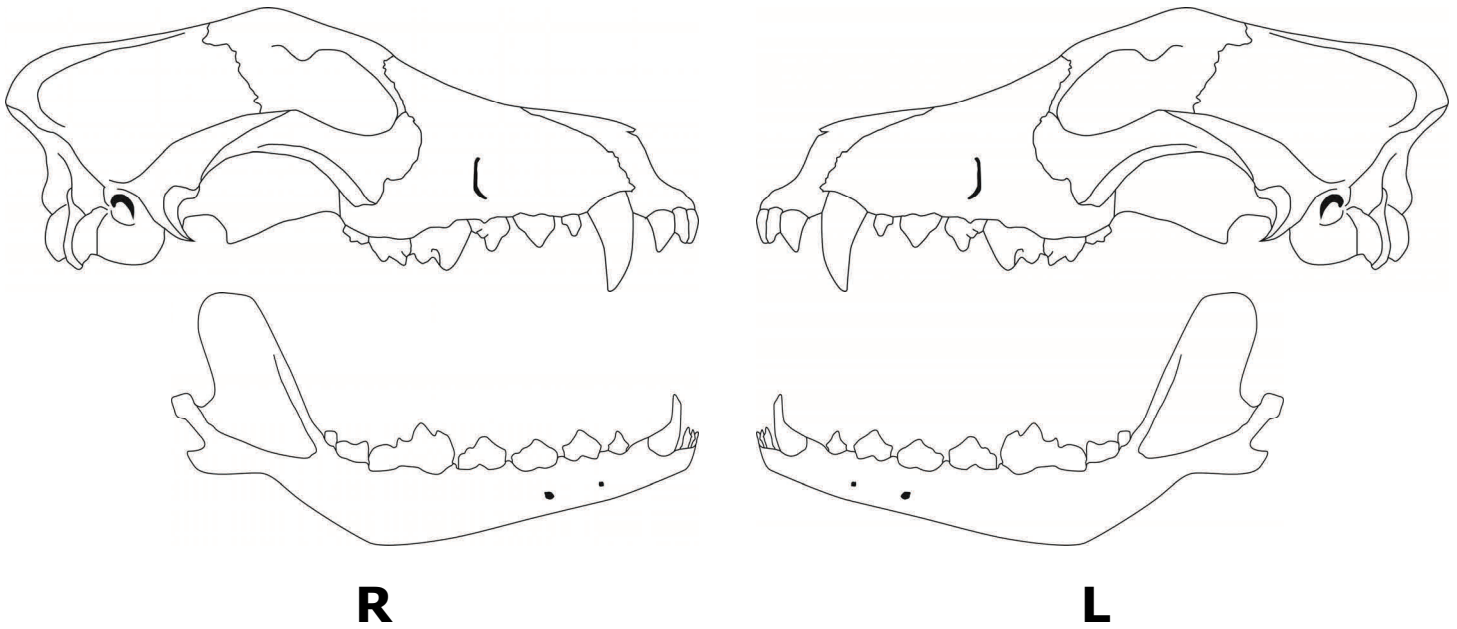
Numeric ID: _____

Provenience: _____

Indicate bone missing AM with cross-hatching 

Indicate bone missing PM with wavy lines 

SKULL—LATERAL/BUCCAL VIEW



Notes: _____

Checklist:	AMTL	Tooth Fracture	Enamel Hypoplasia	Periodontal Disease	Trauma	Osteo-arthritis	Poly/Hypo-dontia
Present	—	—	—	—	—	—	—
Absent	—	—	—	—	—	—	—
Unobservable	—	—	—	—	—	—	—