



وزارة الصحة  
ادارة طب الأسنان

## نموذج جرد الأدوات لعيادات الأسنان بالمراكز التخصصية عيادات الأطفال



التاريخ : .....

المركز: .....

رقم العيادة: .....

No	Item Description	Includes	Total Qty	Intact Qty	Damaged Qty	Comments
1	SCISSORS	UTILITY				
2	INST. AMALGAM CARRIER	METAL PLASTIC				
3	INST. AMALGAM BURNISHER	No 21B No 27/29				
4	INST. AMALGAM CARVER	CL-DISC 1/2 CL-DISC 3/6 HOLLENBACK H1				
5	INST. AMALGAM PLUGGER	(S) + (M) + (L)				
6	INST. CALCIUM HYDROXIDE PLACER					
7	INST. CEMENT SPATULA					
8	INST. COMPOSITE CONDENSER					
9	INST. EXCAVATOR	(S) + (M) + (L)				
10	INST. EXPLORER					
11	INST. MOUTH MIRROR	HEAD + HANDEL				
12	INST. PLASTIC FILLING					
13	INST. SYRINGE CARTRIDGE METRIC					
14	PEDO MOUTH GAG					

No	Item Description	Includes	Total Qty	Intact Qty	Damaged Qty	Comments
15	MOUTH PROBE					
16	AUTO MATRIX TIGHTENING DEVICE					
17	AUTO MATRIX CUTTER					
18	INST.TWEEZER					
19	INST. AMALGAM WELL					
20	O.S. BLADE HANDLE					
21	O.S. ELEVATOR ROOT COUPLAND	NO 1 + NO 2 + NO 3				
22	O.S. ELEVATOR ROOT CRYER	RIGHT + LEFT				
23	O.S. ELEVATOR ROOT WARWICK RIGHT	RIGHT LEFT STRAIGHT				
24	O.S. FORCEPS EXTRACTION CHILD LOWER ANTERIOR					
25	O.S. FORCEPS EXTRACTION CHILD LOWER POSTERIOR					
26	O.S. FORCEPS EXTRACTION CHILD UPPER ANTERIOR					
27	O.S. FORCEPS EXTRACTION CHILD UPPER POSTERIOR					
28	O.S. FORCEPS EXTRACTION CHILD UPPER ROOT POSTERIOR					
29	O.S. FORCEPS EXTRACTION CHILD LOWER ROOT					
30	O.S. NEEDLE HOLDER MAYO-HEGAR 15CM					
31	ORTH BAND SEATING INSTRUMENT					
32	ORTH BIRD BEAK PLIERS					

No	Item Description	Includes	Total Qty	Intact Qty	Damaged Qty	Comments
33	ORTH JOHNSON CONTOURING PLIERS					
34	ORTH MERSHON BAND PUSHER					
35	ORTH OLIVER JONES BAND REMOVING PLIERS					
36	PEDO PAPPOSE LARGE					
37	PEDO PRIMARY CROWN CRIMPING PLIERS					
38	PR INST. CURETTE MILLER 9					
39	PR INST. PERIO-PROBE					
40	PR INST. SCALER NO. 15/33					
41	PR INST. SCISSORS STRAIGHT					
42	R.C. RUBBER DAM FORCEPS					
43	R.C. RUBBER DAM PUNCH					
44	R.C. RUBBER DAM FRAME					

### OTHER ITEMS

\*\*Please include any other instruments not included in the table above

No	Item Description	Includes	Total Qty	Intact Qty	Damaged Qty	Comments

توقيع و ختم رئيس فريق العمل (طبيب العيادة) :

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\*يرجى تعبئة النموذج و ارساله بالفاكس على رقم : 25614281 او ارساله مع المراسل / للاستفسار يرجى الاتصال على رقم 25627862