DENTAL WORKSHEET

Wisconsin Department of Justice
DJ-LE-273 (Rev 1/06)

ENTER DENTAL — NCIC AGENCY IDENTIFIER WI

*System Identification *or* NCIC Number	*Agency Case Number	*Operator	
*Last Name (Missing Person Only)	*First Name (Missing Person Only)	Middle Name (Missing Person Only)	Suffix

*Dental Models/Photographs	*Dental X-Rays	Dental Characteristics Enter a code for each tooth *or*	Enter ALL or UNK in first field only

01/	02/	03/	04/	05/	06/	07/	08/
09/	10/	11/	12/	13/	14/	15/	16/
17/	18/	19/	20/	21/	22/	23/	24/
25/	26/	27/	28/	29/	30/	31/	32/

Dental Miscellaneous Remarks

MODIFY DENTAL — NCIC AGENCY IDENTIFIER WI

*System Identification *or* NCIC Number	*Agency Case Number	*Operator	
*Last Name (Missing Person Only)	*First Name (Missing Person Only)	Middle Name (Missing Person Only)	Suffix

Dental Models/Photographs	Dental X-Rays	Dental Characteristics Enter a code for each tooth *or*	Enter ALL or UNK in first field only

01/	02/	03/	04/	05/	06/	07/	08/
09/	10/	11/	12/	13/	14/	15/	16/
17/	18/	19/	20/	21/	22/	23/	24/
25/	26/	27/	28/	29/	30/	31/	32/

Dental Miscellaneous Remarks

CANCEL DENTAL — NCIC AGENCY IDENTIFIER WI

*System Identification *or* NCIC Number	Agency Case Number	*Operator	
*Last Name (Missing Person Only)	*First Name (Missing Person Only)	Middle Name (Missing Person Only)	Suffix

Completed by:	Name	Verification	Date	Reason
Enter				
Modify				
Cancel				