



Forensic Bitemark Evidence Collection Suspect Evidence Collection

1. Informed Consent or Warrant to Seize
 - a) Date
 - b) Authority
 - c) Witnesses
2. History of Recent Dental Treatment
 - a) Dentist
 - Date
 - Treatment
 - Teeth Treated
3. Photographs (with scale)
 - a) Full-face
 - b) Profile
 - c) Intra-Oral
4. Dental Examination
 - a) Extra-oral
 - TMJ
 - Muscles of Mastication
 - Maximum Opening
 - Malocclusion
 - b) Intra-oral
 - Saliva Sample?
 - Tongue Size, Shape, Mobility
 - Periodontal Mobility
 - Restorations, Abnormalities
 - Number Upper Teeth
 - Number Lower Teeth
5. Impressions
 - a) Material
 - Manufacturer
 - Viscosity
 - Lot Number
 - Expiration Date
 - b) Wax Bite Exemplar
 - c) Study Cast Material
 - Date, Time