

DENTAL FORM

Student's Name _____

DOB _____ Sex _____

School _____ Grade _____

REPORT OF DENTAL EXAMINATION

This is to certify that I have examined the teeth of the above-named student and I find:

| Oral hygiene is (circle one): | Good | Fair | Poor |
|--|-------|------|------|
| Number of teeth filled | _____ | | |
| Number of teeth extracted | _____ | | |
| All necessary dental work has been completed | No | Yes | |
| Treatment is in progress | No | Yes | |
| Dental work is necessary | No | Yes | |
| Is child under regular dental supervision? | No | Yes | |
| Is orthodontic treatment recommended? | No | Yes | |

REMARKS

Dentist's Signature

Office Address

Date _____ Phone # _____ Fax # _____