

Saint Benedict School
Report of Dental Examination

This is to certify that I have examined the teeth of

_____ and:

_____ **1. Treatment is in progress**

_____ **2. All necessary dental work has been completed**

_____ **3. No dental work is necessary at this time.**

_____ **4. Going to Orthodontist**

Further recommendations:

Date: _____ **Signature of Dentist** _____