

Nantuet Public Schools
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:

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

REMARKS

Dentist's Signature _____

Office Address _____

Date _____ Phone # _____ Fax # _____