



## Dental Examination

Student name \_\_\_\_\_

Date seen by dentist \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Home address \_\_\_\_\_ Home phone \_\_\_\_\_

Has your child had a dental examination in the last six months? Yes No

If not, will you arrange for such an examination as soon as possible? Yes No

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

It is not possible to take my child to the family dentist for examination or treatment.

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Please have your child's dentist complete and sign.

This is to certify that I have examined and found the condition checked below:

- No dental defects.
- Dental defects were present and have been completely cared for.
- Treatment has been started.
- Treatment is needed but no provision is made for it.

Dentist's signature \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_