

Certificate of Dental Examination

Please Print

Student's Name _____

Parent/Guardian Name _____

School _____

This form is to be completed by your dentist.

Dental Examination

Code: No Defect = 0

Defect = Note Condition

1. Teeth

Cavities _____

Malocclusion _____

Soft Tissue _____

Oral Hygiene _____

2. Present Status

· Does the patient presently have any tooth decay or other dental defects which may reduce his/her efficiency or prevent him/her from receiving the full benefit of his/her school work?

· If yes, please explain _____

3. Recommendations: _____

Print/Stamp Dentist's Name

Date

Signature