

ST. GABRIEL CONSOLIDATED SCHOOL
Dental Form

Student's Name _____ DOB _____ Sex _____

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: Good _____ Fair _____ Poor _____
- Number of teeth filled _____
- Number of teeth extracted _____
- All necessary dental work has been completed _____
- Treatment is in progress _____
- No dental work is necessary _____
- Child is under regular dental supervision _____

Remarks:

Please elaborate on any of the above or make any recommendations that would assist the school in helping this child.

Dentist's Signature _____

Dentist's Printed Name _____

Office Address _____

Telephone Number _____ Date _____