

**ANNUAL DENTAL EXAMINATION**

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEETH:      General Condition \_\_\_\_\_

              Temporary \_\_\_\_\_

              Permanent \_\_\_\_\_

              Carious \_\_\_\_\_

GUMS:      General Condition \_\_\_\_\_

THIS PATIENT:       requires no dental treatment at this time

is under dental treatment at this time

will begin dental treatment at this time

has completed all current dental treatment

REMARKS OR RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_

Dentist Signature \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_