2016 - 2017

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: _____