DENTAL HEALTH FORM

Good Oral health and healthy teeth are important to the growing child. Proper growth and alignment of teeth affect a child’s speech habits and the future permanent mouth structure. It is recommended that children receive a dental check-up prior to their enrollment in the kindergarten program. At the time of examination, please ask your dentist to complete this statement, and return it to the school nurse.

Name_________________________________________________ Age____________________

Examined:  _____Yes  _____No
Cleaned:  _____Yes  _____No
X-Rayed:  _____Yes  _____No
Fluoride Treatment:  _____Yes  _____No

General condition of the teeth and gums:_________________________________________________
________________________________________________________________________________

Recommendations:___________________________________________________________________
___________________________________________________________________________________

__________________________________________________________________________________

___________________ ____________________________________________
Date                     Signature of Dentist

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