

**PENN-HARRIS-MADISON SCHOOL CORPORATION
SCHOOL HEALTH SERVICES
SCHOOL DENTAL EXAMINATION**

Name _____ School _____

DENTIST'S EXAMINATION

Code: No Defect= 0 Defect= Note Condition

I. Teeth

- 1. **Cavities** _____

- 2. **Malocclusion** _____

- 3. **Soft Tissue** _____

- 4. **Oral Hygiene** _____

II. Present Status

- 1. **Restoration completed?** _____

- 2. **Are regular appointments scheduled?** _____

- 3. **Is immediate treatment needed?** _____

III. Recommendation _____

Print Doctor's Name Signature Date

THIS FORM TO BE FILLED OUT BY YOUR DENTIST

Reviewed 11/2017