

Certificate of Dental Examination

Please Print

Student's Name _____

Last

First

Middle Initial

Parent/Guardian Name _____

School _____

This form is to be completed by your dentist.

Dental Examination

Code: No Defect = 0

Defect = Note Condition

1. Teeth

1. Cavities _____

2. Malocclusion _____

3. Soft Tissue _____

4. Oral Hygiene _____

2. Present Status

- Does the patient presently have any tooth decay or other dental defects which may reduce his/her efficiency or prevent him/her from receiving the full benefit of his/her school work?
- If yes, please explain _____

3. Recommendations _____

Print/Stamp Dentist's Name

Signature

Date