



Private Dental Report

Student's Name _____

School: _____ Grade _____

The above named child was given a complete dental examination on _____.
(Date)

- Prophylaxis performed? Yes _____ No _____
- Topical fluoride applied? Yes _____ No _____
- Carious lesions found? Yes _____ No _____
- Under treatment? Yes _____ No _____
- Referred for orthodontics? Yes _____ No _____

Additional comments _____

Dentist Signature

Address

Print Dentist's Name

Phone