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Dental Exam Form

2021-2022

Required only for rising 1st, 3rd, and I Form I (7th)

Please submit prior to August 1st, 2021

Student Name: _____

Grade: _____ Birth Date: _____ Returning student New Student

To be completed by the **Dentist**:

I have examined: _____ and found him to have
dental hygiene. _____ healthy

Dentist Signature: _____ Date of Exam: _____

Office Stamp:

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