

Mason City Schools

Ohio Schools – Dental Report

Student Name: _____ Date: _____

The following services have been performed:

- Radiographs
- Prescription for fluoride supplements
- Diagnosis
- Oral Prophylaxis
- Examination
- Topical application of fluoride

Other: _____

The following oral hygiene instruction was provided:

- Toothbrushing
- Diet counseling reflecting relation of diet and dental health
- Flossing
- Home/school use of fluoride mouthrinse

The following statements are applicable:

- All necessary services have been performed
- Further treatment is indicated
- No restorative services are required at this time
- Further appointments have been arranged

Comments: _____

Dentist's Name

Dentist's Signature

Address

Date Signed

Telephone

This form is mandatory for Preschool students and strongly recommended for all enrolling students. Please print or stamp.