

Para ser completado por el dentista / *To be completed by the dentist:*

**CERTIFICADO BUCODENTAL /
DENTAL HEALTH CERTIFICATE**



Fecha / *Date*.....

**Certifico quede.....años
de edad, presenta estado bucal:**

BUENO

REGULAR

MALO

**Se expide el presente certificado a pedido del interesado para ser presentado
ante las autoridades que lo requieran. / I hereby certify that (student's name) of
(age) years old has been medically examined and is currently in a state of *good
dental health.***

OBSERVACIONES/OBSERVATIONS:

Firma y Sello del Médico/Doctor's signature and stamp