

**MT. OLIVE TOWNSHIP PUBLIC SCHOOLS
Budd Lake, NJ**

DENTAL EXAMINATION FOR SCHOOL ENTRANCE

I have been consulted concerning the dental condition of:

Pupil's Name:

Pupil's Address:

School:

Please check as many that apply:

- The pupil is receiving dental treatment; date of last dental visit _____.
- The pupil completed necessary dental services; date completed _____.
- The pupil received fluoride treatment on _____ (date).

Date Form Completed

Signature of Dentist

Print/Stamp Dentist Name