PERRY LOCAL PRESCHOOL

DENTAL EXAMINATION RECORD

INFORMATION IN THIS FORM MAY BE SHARED WITH APPROPRIATE PERSONNEL FOR HEALTH AND EDUCATIONAL PURPOSES

Child's name _____ DOB _____

Current dental status of patient:

- ❑ Urgent (abscess formation, nerve exposure, advanced disease)
- ❑ Routine dental care needed (alloys, composites, crowns, etc.)
- ❑ Preventative dentistry only needed (Prophylaxis, fluoride treatment, sealants, etc.)
- ❑ No treatment required
- ❑ Other _____

Pathology Present:

Hard Tissue _____

Soft Tissue _____

Malocclusion _____

Orthodontic Referral Recommended ___ Yes ___ No

Signature of Dentist _____ Date _____

Name of Dentist (please print) _____

Address _____
STREET CITY ZIP CODE

Telephone _____

***This form must be completed within 60 days of enrollment in the Perry Local Preschool.
Dental evaluation due by: _____