

**BURRELL SCHOOL DISTRICT
FAMILY DENTIST REPORT**

Grade _____

Homeroom _____

Name of child _____

The above named child last visited my office on _____ **(date).**

At that time necessary dental corrections had been made: **yes** _____ **no** _____

This child is currently under treatment: **yes** _____ **no** _____

Please note if child has any of the following:

Diseases of the supporting tissues _____

**Gross malocclusion which is producing facial deformity or is interfering with
function.** _____

Cleft palate and/or cleft lip _____ **Other** _____

Congenital malformations _____

Prosthetic replacements for lost or missing teeth _____

Signature _____ **D.D.S.**

Address _____
