

Old Trail School

DENTAL REPORT

Student's Name: _____ **Date of Birth:** _____

Current Grade: _____ **Gender:** _____

The following services have been performed:

- Examination
- Oral Prophylaxis
- Dental sealant
- Topical application of fluoride
- Prescription for fluoride supplement
- Other: _____

The following oral hygiene instruction was provided:

- Tooth Brushing
- Flossing
- Diet counseling
- Use of fluoride mouth rinse
- Other: _____

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: _____

Printed Name: _____

Address: _____

Phone: _____

Dentist Signature _____

Date: _____