

MARYSVILLE

Innovate Collaborate Inspire

Preschool Child Enrollee Dental Exam

School: Mini Monarch Academy

1280 Charles Lane, Marysville, OH 43040

Phone (937) 578-6700 Fax (937) 814-4122

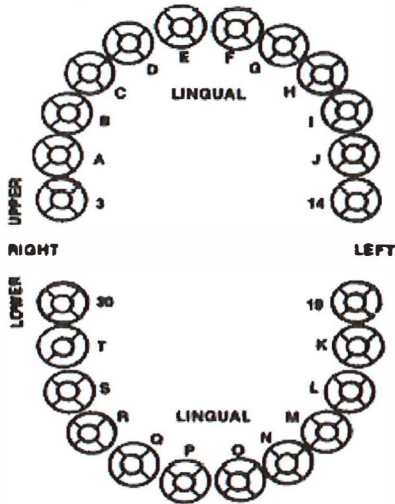
Name: _____ Date of Birth: _____ Telephone: _____

Sex: Male Female Parent/Guardian: _____ Address: _____

Completed by Dentist

9. ORAL CONDITIONS BEFORE TREATMENT: missing (), decayed (), or filled (); indicate restorations you perform in Item 10.

- No treatment needed at this time.
- Treatment completed.
- Description of Treatment:



DATE OF EVALUATION: _____

Physician's Signature

Physician's Name (Please Print or Type)

Date

Address

Phone Number

City, State, Zip Code