Manville School District

RM Perrotti • Vice Principal of Preschool • 908.231.8500 x8603
1100 Brooks Blvd., Manville, NJ 08835 • www.manvilleschools.org

Dental Exam Record

To be completed by Dentist

This form must be returned as soon as possible to your child's school.

CHILD'S NAME _____

TEETH: Good_____ No. Cavities_____ No. Filled_____

Clinical Evidence of abscess _____

Clinical Evidence of Malocclusion _____

Gums: (Normal or Inflamed) _____

Tooth brushing: Yes _____ No _____

RECOMMENDATIONS

This question must be answered indicating whether or not, in your opinion, the child needs dental care.

Has parent been advised of necessary dental treatment? _____

Dental Care _____

Date of exam: _____

Examining Dentist: _____D.D.S.