WESTON ELEMENTARY SCHOOL
600 NEWARK AVENUE-MANVILLE, NEW JERSEY 08835
(908)231-8548-Fax (908)429-0280

Rose Mary Perrotti
Vice Principal

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 _____DOB_____

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.
Signature of

Office Stamp Here