Carroll County Public Schools
School Dental Health Record

Name of Student_____ Age_____

Name of School _____ Grade_____

All students can achieve and benefit from a healthy mouth. Regular dental examinations, good oral hygiene habits, healthy diets, and modern advances in dental disease prevention and control, can benefit everyone. If your child has not visited your family dentist within the last six months, we advise you to make an appointment immediately. After the dental appointment, the signed form should be returned to the school.

**Report of Dental Examination:**

A._____ No dental treatment is necessary at this time.

B._____ All necessary dental treatment has been completed.

C._____ Treatment in progress.

D._____ A regular preventative care program is recommended.

Further recommendations: _____
_____
_____
_____
_____
_____

_____ _____
Date Signature of Dentist

**APPROVED BY THE MARYLAND STATE DENTAL ASSOCIATION**