

**PENN-HARRIS-MADISON SCHOOL CORPORATION
SCHOOL HEALTH SERVICES
SCHOOL DENTAL EXAMINATION**

Name _____ School _____

DENTIST'S EXAMINATION

Code: No Defect= 0 Defect= Note Condition

I. Teeth

1. Cavities _____

2. Malocclusion _____

3. Soft Tissue _____

4. Oral Hygiene _____

II. Present Status

1. Restoration completed? _____

2. Are regular appointments scheduled? _____

3. Is immediate treatment needed? _____

III. Recommendation _____

Print Doctor's Name

Signature

Date

THIS FORM TO BE FILLED OUT BY YOUR DENTIST