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Dental Form

Name	Address	Birthdate
Parent/Guardian with whom the child is living	School	Grade

to be completed by the examining dentist:

OrAl Hygiene

1. General oral care ☐ Good ☐ Fair ☐ Poor
2. Brushing instructions given ☐ Yes ☐ No
3. Diet advice given ☐ Yes ☐ No

Oral Soft Tissue

Check all that apply

☐ Oral ☐ Gingiva ☐ Lesions
☐ Tongue ☐ Lips ☐ Other:_____
☐ Palate ☐ Chronic Abscess _____ _____

Tongue mobility

☐ Normal
☐ Restricted

Caries Examination

This part of the examination for decay was done:

☐ with X-ray
☐ without X-ray

Number of Teeth

_____ Decayed (teeth containing decay)
_____ Missing (due to previous extraction)
_____ Filled (restoration with NO decay)

Recommendations Following Examination

☐ No dental treatment is necessary at the present time.
☐ Dental treatment is necessary as checked below:

☐ Dental prophylaxis ☐ Consultation for irregular teeth
☐ Restorations and/or extractions ☐ Other_____

Remarks:

_____

_____

Signature of Dentist _____ Date _____

Necessary Dental Treatment

☐ Dental prophylaxis
☐ Restorations (number of teeth filled) _____
☐ Extractions (number of teeth removed) _____
☐ Other _____

Is all dental treatment necessary at the present time completed? ☐ Yes ☐ No

Signature of Dentist _____ Date _____

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