

Nombre del Estudiante: _____
Fecha de Nacimiento: _____ Marque Uno [] Masculino [] Femenina
Lugar de Nacimiento: _____
Dirección de Casa: _____ # de Tel: _____

Pre-school and Kindergarten students must have a current (within 1 year) physician's exam on file prior to admission & renewed every year during the named grades

EXAMINATION DATE _____

The following services have been performed:

- | | | |
|--|---|--|
| <input type="checkbox"/> Examination by Dentist | <input type="checkbox"/> Orthodontic Assessment | <input type="checkbox"/> Oral Screening |
| <input type="checkbox"/> Dental Sealants | <input type="checkbox"/> Radiographs | <input type="checkbox"/> Fluoride Application |
| <input type="checkbox"/> Oral Prophylaxis (cleaning) | <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Rx for fluoride supplements |

The following oral hygiene instruction was provided:

- | | |
|---|---|
| <input type="checkbox"/> Brushing teeth | <input type="checkbox"/> Diet counseling related to dental health |
| <input type="checkbox"/> Flossing | <input type="checkbox"/> Home/school use of fluoride mouth rinse |

The following statements are applicable:

- No apparent care needed at this time.
- All necessary preventative services have been performed. (Fluoride treatment, prophylaxis)
- No restorative services are required at this time.
- Further treatment is indicated. (See comments)
- Further appointments have been arranged. (ex. Orthodontic, restorative)

Comments:

Examiner's Signature: _____

Examiner's Printed Name: _____

Dental Office Address: _____

Telephone: _____ Fax: _____

Please return this copy to your child's school or the Welcome Center