

Austin Elementary School
Record of Dental Examination

To Parent or Guardian:

Your child's happiness and success will depend on his looks and personality as well as his ability. Good health, good teeth, and good appearance go together. Part of our teaching is a health program that is designed to improve, protect, and promote your child's health. As part of this health program, we strongly urge you to take your child to your dentist at least every six months for a dental examination and whatever treatment is necessary. Would you please take this form to a dentist of your choice as soon as possible for your child's check-up. When the examination is completed, please return this form to the teacher at the beginning of school. Your kind cooperation will be appreciated.

Thank you,
School Nurse
Fax : 812-794-8743



Record of Dental Exam

This is to certify that I have examined the teeth of

_____ Date _____

Oral Exam:

Cavities use chart (red for cavities, blue for Restorations, and X out all missing teeth)

Malocclusions _____

Soft tissue _____

Present Status:

Appointments Scheduled _____

Recommendations and Comments: _____

Signature of Dentist