

DENTAL EXAMINATION

Student/Estudiante: _____

Birthdate/Fecha de Nacimiento: _____ School/Escuela: _____

Parent or Guardian/Padre o Tutor: _____ Phone/Teléfono: _____

This child has been seen for a dental examination with the following results:

Child is involved in a preventative dental program.

All necessary dental work has been completed.

Treatment is in progress.

No dental work is necessary.

Name/Title of Examiner: _____ Phone: _____

Signature of Examiner: _____ Date: _____

Please return to School Nurse.

Por favor devolver a: Enfermera de la Escuela.