

**EWING PUBLIC SCHOOLS
Dental Examination Form**

To the Parent or Guardian:

The School Health Service recommends that you take your child to a dentist for examination before entering school. If your child is seen by a dentist, please ask your dentist to complete this form so you can provide it at the time of your child's registration.

To be completed by parent/guardian:

| | |
|---------------------------------|-----------------------|
| Name of Child: | Date of Birth: |
| Name of Parent/Guardian: | School: |
| Home Address: | |

This portion of form to be completed by Dentist

| | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|--|---|---|---|---|---|---|------|
| RIGHT | 6 | 5 | 4 | 3 | 2 | 1 | | 1 | 2 | 3 | 4 | 5 | 6 | LEFT |
| | 6 | 5 | 4 | 3 | 2 | 1 | | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | | | | | | | | |

- C – Cavity or decay
- X – Tooth to be extracted
- D – Existing dental service
- O – Out or missing

Comment on findings: _____

Recommendation of Dentist: _____

Dental work completed: _____

Signature of Dentist

Date of Examination

Name of Dentist (please print)

Office Telephone Number