



Proof of Dental Exam Form

Student's Name

Date

Date of Birth

Grade

Information

Has your child had a dental examination in the past six months? _____ Date of Last Exam _____

If no, please schedule an examination as soon as possible.

Dental Examination

This is to certify that the student named above has had a dental examination. The conditions found are listed below.

No dental defects

Dental defects, which were present, have been completely taken care of

Treatment has been started

Treatment is needed but no provision has been made for it

Dentist Name: _____

Parent/Guardian Name: _____

Dentist Signature: _____

Parent/Guardian Signature: _____

Date: _____

Date: _____