

# Certificate of Dental Examination

## Please Print

Student's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

School \_\_\_\_\_

### This form is to completed by your dentist.

### Dental Examination

Code: No Defect = 0

Defect = Note Condition

#### 1. Teeth

1. Cavities \_\_\_\_\_

2. Malocclusion \_\_\_\_\_

3. Soft Tissue \_\_\_\_\_

4. Oral Hygiene \_\_\_\_\_

#### 2. Present Status

- Does the patient presently have any tooth decay or other dental defects which may reduce his/her efficiency or prevent him/her from receiving the full benefit of his/her school work?
- If yes, please explain \_\_\_\_\_

#### 3. Recommendations: \_\_\_\_\_

\_\_\_\_\_  
Print/Stamp Dentist's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature