

NORTHWEST ALLEN COUNTY SCHOOL CORPORATION
DENTAL EXAMINATION FORM

Name: _____ Date of Birth: _____

Address: _____ School: _____

Dental Exam (To be completed by your dentist):

Gingiva: Normal _____ Inflamed _____

Date of last prophylaxis and fluoride treatment _____

Caries, Deciduous Teeth: Yes _____ No _____

Caries, Permanent Teeth: Yes _____ No _____

Child is experiencing pain and /or infection: Yes _____ No _____

Occlusion is within normal range for age Yes _____ No _____

If no, immediate follow-up is indicated Yes _____ No _____

Oral Hygiene Optimal _____ Needs Improvement _____

Check any abnormalities noted in oral cavity: Throat Tongue Lips Palate
Missing teeth Abscess Other

Additional Comments:

We would encourage your child to have a dental examination prior to entering school for the first time. If your child has had a dental exam within the last year, you do not need to schedule another visit. Take this form to your dentist and have him/her fill out this form based on your child's last visit. Once the form is completed, please return it to the office at your school.

Name of dentist _____ Phone Number _____

Signature of Dentist: _____ Date: _____