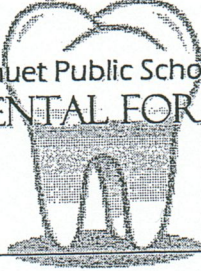


St. Anthony School  
34 W. Nyack Road  
Nanuet, N.Y. 10954  
(845) 623-2311

Nanuet Public Schools  
DENTAL FORM



Student's Name \_\_\_\_\_ DoB \_\_\_\_\_ Sex \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

REPORT OF DENTAL EXAMINATION

This is to certify that I have examined the teeth of the above-named student and I find:

- |   | Good | Fair  | Poor |
|---|------|-------|------|
| <input type="checkbox"/> Oral hygiene is <i>(circle one)</i> :        |      |       |      |
| <input type="checkbox"/> Number of teeth filled                       |      | _____ |      |
| <input type="checkbox"/> Number of teeth extracted                    |      | _____ |      |
| <input type="checkbox"/> All necessary dental work has been completed | No   |       | Yes  |
| <input type="checkbox"/> Treatment is in progress                     | No   |       | Yes  |
| <input type="checkbox"/> Dental work is necessary                     | No   |       | Yes  |
| <input type="checkbox"/> Is child under regular dental supervision?   | No   |       | Yes  |
| <input type="checkbox"/> Is orthodontic treatment recommended?        | No   |       | Yes  |

REMARKS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dentist's Signature \_\_\_\_\_

Office Address \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_