

# BORDENTOWN REGIONAL SCHOOL DISTRICT

## DENTAL HEALTH REPORT

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

The school health policy requires that each child has a record of at least one semi-examination of the oral cavity by a dentist. Dental disease often can be prevented by the individual. Daily preventive dental care at home, practiced by the child and closely supervised by the parent under the direction of a dentist, is essential to good oral health. Early dental care is necessary to avoid both the expense and suffering which result from neglected oral health early and later in life.

Please take this form with you at your child's dental appointment. All dental exams must be within 365 days of enrollment in school.

Date of Exam \_\_\_\_\_

I have examined and the results of the exam are as follows:

Check one

1. \_\_\_\_\_ There is no need for corrective work at this time.
2. \_\_\_\_\_ Treatment has been completed.
3. \_\_\_\_\_ There is need for dental care at this time \_\_\_\_\_  
\_\_\_\_\_

An appointment for follow-up treatment has been scheduled:

Yes \_\_\_\_\_ No \_\_\_\_\_ Appointment follow-up date is \_\_\_\_\_

Dentist Name \_\_\_\_\_

Dentist Signature \_\_\_\_\_

Office Stamp