

School Health Record

Child's Name:

Birthdate:

School:

Dental Check Up

A dental check up is strongly recommended for entrance into kindergarten.

The following services have been performed:

<input type="checkbox"/>	Radiographs
<input type="checkbox"/>	Oral Prophylaxis
<input type="checkbox"/>	Fluoride treatment
<input type="checkbox"/>	Restorations
<input type="checkbox"/>	

The following statements are applicable:

<input type="checkbox"/>	All necessary services have been performed.
<input type="checkbox"/>	No restorative services are required at this time.
<input type="checkbox"/>	Further treatment is indicated.
<input type="checkbox"/>	Further appointments have been arranged.

Comments:

Signature of Examining Dentist:

Date: