

# DENTIST REPORT OF DENTAL EXAMINATION

NAME OF SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

AGE \_\_\_\_\_

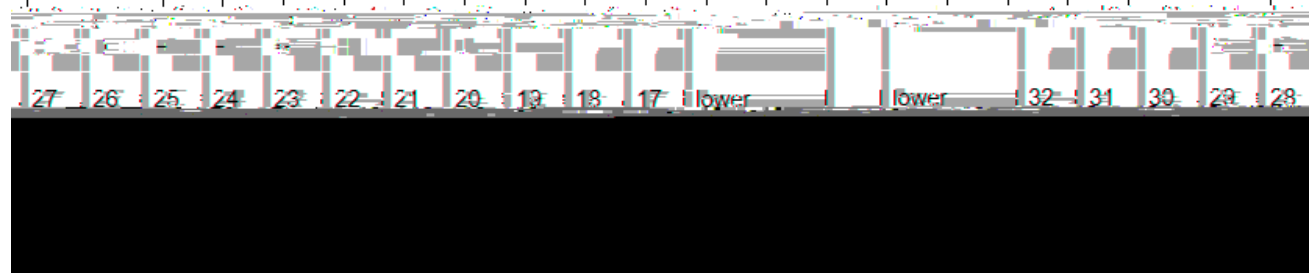
SEX \_\_\_\_\_

GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

## REPORT OF EXAMINATION

	Tooth Chart																		
	Left							Right											



Is The Child Under

