Oakwood City School Preschool Program Dental Exam Form (Please return to the school once completed)

Address Telephone: Parent/Guardian Name(s): Medical and Dental History: Current Medication(s): TO BE COMPLETED BY DENTIST EXAM:	Student Name:			DOB:	M:F:
Medical and Dental History: Current Medication(s): TO BE COMPLETED BY DENTIST EXAM: Normal appearance and function yes/no Abnormalities noted Primary Dentition: Nissing teeth yes/no Location: Treatment: Loose teeth yes/no Location: Treatment: Dental caries yes/no Location: Treatment: Dental caries yes/no Location: Treatment: Dental caries yes/no Location: Treatment: Dermanent Dentitions: Missing teeth yes/no Location: Treatment: Treatment: Dermanent Dentitions: Missing teeth yes/no Location: Treatment: Dermanent Dentitions: Treatment: Dental caries yes/no Location: Treatment: Treatment: Dental caries yes/no Location: Treatment:	Addres Teleph	one:			
Current Medication(s): TO BE COMPLETED BY DENTIST EXAM: Normal appearance and function yes/no Abnormalities noted Primary Dentition: Nissing teeth yes/no Location: Treatment: Broken teeth yes/no Location: Treatment: Dental caries yes/no Location: Treatment: Dental caries yes/no Location: Treatment: Treatment: Dental caries yes/no Location: Treatment: Treatment: Dental caries yes/no Location: Treatment: Treatment: Treatment: Dental caries yes/no Location: Treatment:	Parent,	/Guardian Name(s):			
TO BE COMPLETED BY DENTIST EXAM:	Medica	al and Dental History:	:		
EXAM: Mouth and structures Normal appearance and function yes/no Abnormalities noted Primary Dentition: Missing teeth yes/no Location: Treatment: Broken teeth yes/no Location: Treatment: Dental caries yes/no Location: Treatment: Dental caries yes/no Location: Treatment: Permanent Dentitions: Missing teeth yes/no Location: Treatment: Loose teeth yes/no Location: Treatment: Broken teeth yes/no Location: Treatment: Dental caries yes/no Location: Treatment: Dental caries yes/no Location: Treatment:	Curren	t Medication(s):			
o Mouth and structures o Normal appearance and function yes/no o Abnormalities noted Primary Dentition: o Missing teeth yes/no Location:	то ве	COMPLETED BY D	ENTIST		_
Missing teeth yes/no Location: Treatment: Loose teeth yes/no Location: Treatment: Broken teeth yes/no Location: Treatment: Dental caries yes/no Location: Treatment: Treatment: Treatment: Treatment: Treatment: Dental caries yes/no Location: Treatment: Treatment: Dental caries yes/no Location: Treatment: Dental caries yes/no Location: Treatment: Dental caries yes/no Location: Treatment:		Mouth and structur o Normal app	pearance and fur		
Treatment: Loose teeth Dental caries Missing teeth Loose teeth Dental caries Dental caries Missing teeth Dental caries Dental caries Dental caries Missing teeth Dental caries Dental caries Dental caries Loose teeth Dental caries Dental caries Dental caries Treatment: Dental caries Treatment: Dental caries Treatment:	Prima	ry Dentition:			
 Loose teeth yes/no Location:			yes/no	Location: Treatment:	
o Broken teeth yes/no Location:	0	Loose teeth	yes/no	Location:	
 Dental caries yes/no Location:	0	Broken teeth	yes/no	Location:	
Permanent Dentitions: Missing teeth Ves/no Location: Treatment: Treatment: Treatment: Treatment: Treatment: Treatment: Dental caries Ves/no Location: Treatment:	0	Dental caries	yes/no	Location:	
 Missing teeth yes/no Location: Treatment: Loose teeth yes/no Location: Treatment: Broken teeth yes/no Location: Treatment: Dental caries yes/no Location: Treatment: Treatment:	Perma	anent Dentitions:		Treatment	
 Loose teeth yes/no Location:			yes/no	Location:	
o Broken teeth yes/no Location:	0	Loose teeth	yes/no	Location:	
Dental caries yes/no Location: Treatment: I certify that this child was examined on the date stated below.	0	Broken teeth	yes/no	Location:	
I certify that this child was examined on the date stated below.	0	Dental caries	yes/no	Location:	
Date of Exam Dentist Signature	I certi	ify that this child v	vas examined o		
Date of Exam Dentist Signature					
	Date o	of Exam	De	ntist Signature	
Address and Tolonhone Number	A d d v	ass and Talanhana	Numbar		
Address and Telephone Number Fax #		-	Hamber		га х #
SH Form #13 (05/14) DENTIST					
OFFICE STAMP	OFF1	ICE			