

NEW PRAIRIE UNITED SCHOOL CORPORATION

PRE-SCHOOL DENTAL EXAMINATION

Date: _____

Dentist's Examination

Code: No Defect.....0
 Defect.....Note condition

NAME _____ SCHOOL _____

Birthdate _____ Sex: Male _____ Female _____

1. Teeth _____ Number of cavities _____

 Restoration done _____ Malocclusion _____

2. Soft tissue _____

3. Recommendation or remarks: _____

D.D.S.

Date of Examination