

DODGEVILLE SCHOOL DISTRICT
DENTAL EXAMINATION

Name of Child _____ **Birthdate** _____

Parents Name _____

Name of Dentist/Dental Clinic _____

To Be Completed by the Dentist

This child is involved in a preventive dental health program

All necessary dental work has been completed

Treatment is in progress

No dental work is necessary

Remarks: _____

Date of Exam _____ **Dentist Signature** _____

Date Received by school _____