

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