

Eduque el Distrito de Fort Atkinson

El Examen dental

La Fecha _____

El Nombre del estudiante _____ La Fecha del nacimiento _____

La escuela _____ El maestro _____ El grado _____

To Parent or Guardian :

Please present this form to your child's dentist during your child's exam.

To Dentist: Please sign and date this form after the examination and return it to the patient's parent or guardian.

Normal dental examination

Next dental examination due in 6 months

Other _____

Abnormal dental examination

Comments _____

Dentist Signature _____ Date _____