

Brentwood School District  
90 Yorkshire Lane  
Brentwood, MO 63144

DENTAL EXAMINATION

Student name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parents/guardians

Your student's health, progress in school and physical appearance may be improved by regular dental care. Please take your student to the dentist who will advise you if further dental care is needed. After the dentist has completed this form, it should be returned to school.

Thank You

Please indicate your findings:

1. \_\_\_\_\_ Teeth in good condition

2. \_\_\_\_\_ Treatment needed

3. \_\_\_\_\_ Treatment in progress

Cleaning \_\_\_\_\_ Filling \_\_\_\_\_ Extraction \_\_\_\_\_

4. \_\_\_\_\_ Orthodontia needed

Dentist \_\_\_\_\_ Date \_\_\_\_\_

(Please include printed name as well as signature)