ph: 914-592-7575 x 108 fax: 914-345-1591

Dental Examination

Student	Grade	
Date of Birth	GenderM F	
	Dentist please complete the following information No treatment necessary Dental work completed Under treatment for:	on
Date of Examination:		
Seen at the office of: (Please stamp)		
Dentist Signature		
Parent Signature		