

McGUFFEY FOUNDATION SCHOOL
DENTAL EXAMINATION REPORT FORM
(return by September 15)

Today's Date ___/___/___

Student's Name _____ Date of Birth ___/___/___

Home Address _____ Phone _____

Date seen by dentist _____ Grade _____

Has your child had a dental examination by your family dentist in the last six months?

_____ Yes _____ No

If not, will you arrange for such an examination as soon as possible?

_____ Yes _____ No

In either case please have a dentist fill in and sign below, then return this form to the school.

Signature of Parent _____ Date ___/___/___

It is not possible to take my child to the family dentist for examination or treatment.

Signature of Parent _____ Date ___/___/___

This is to certify that I have examined and found the condition checked below:

- No dental defects.
- Dental defects which were present have been completely cared for.
- Treatment has been started.
- Treatment is needed but no provision is made for it.

Dentist's Signature _____ Address _____ Date ___/___/___