

Margaretta Local School District **Dental Form**

Student's Name			Gender ☐ Male ☐ Female		
Date of Birth	Age	Date of Dental Examination		Today's Date	
The following services have been	performed (plea	se check all that apply):		<u> </u>	
☐ Examination ☐ Prescription for fluoride suppler ☐ Treatment (restoration, pump th	☐ Fluor	☐ Fluoride application ☐ Orthodontic assessment ☐ Dental sealant		Oral prophylaxis (cleaning) Radiographs Other:	
The following oral hygiene instru	ction was provi	ded (please check all that	apply):		
☐ Tooth ☐ Flossing ☐ Other:		, ,	□ Use of flu	noride mouth rinse	
The following statements are appl	icable (please cl	neck all that apply):			
☐ All necessary preventative servi	ces have been pe	rformed (fluoride treatmen	nt, prophylax	xis)	
☐ No restorative services are requi	ired at this time				
☐ Further treatment is indicated (s	ee comments bel	ow)			
☐ Further appointments have been	arranged (orthod	dontic, restorative)			
☐ Routine recall visits recommend	led				
Comments:					
D : 0 0:	l n :	T	l Di		
Dentist's Signature	Print 1	Name	Phone		
Address	I		Date	Signed	
City	State		Zip C	ode	