HORIZON SCIENCE ACADEMIES – TOLEDO AREA SCHOOLS

DENTAL FORM

DATE: ____________

Name	Address	Birthdate
Parent/Guardian with whom the child is living	School	Grade

TO BE COMPLETED BY THE EXAMINING DENTIST:

ORAL HYGIENE

1. General oral care ☐ Good ☐ Fair ☐ Poor
2. Brushing instructions given ☐ Yes ☐ No
3. Diet advice given ☐ Yes ☐ No

ORAL SOFT TISSUE

Check all that apply

☐ Oral ☐ Gingiva ☐ Lesions
☐ Tongue ☐ Lips ☐ Other: ____________
☐ Palate ☐ Chronic Abscess ____ ____________

Tongue mobility
☐ Normal
☐ Restricted

CARIES EXAMINATION

This part of the examination for decay was done:

☐ with X-ray
☐ without X-ray

Number of Teeth

_____ Decayed (teeth containing decay)
_____ Missing (due to previous extraction)
_____ Filled (restoration with NO decay)

RECOMMENDATIONS FOLLOWING EXAMINATION

☐ No dental treatment is necessary at the present time.
☐ Dental treatment is necessary as checked below:

☐ Dental prophylaxis ☐ Consultation for irregular teeth
☐ Restorations and/or extractions ☐ Other____________________________________

Remarks:

____

____

Signature of Dentist ______________________________ Date ______________

NECESSARY DENTAL TREATMENT

☐ Dental prophylaxis
☐ Restorations (number of teeth filled) ____
☐ Extractions (number of teeth removed) ____
☐ Other ____

Is all dental treatment necessary at the present time completed? ☐ Yes ☐ No

Signature of Dentist ______________________________ Date ______________________