

**ST. GABRIEL CONSOLIDATED SCHOOL**  
**Dental Form**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

**Report of Dental Examination**

This is to certify that I have examined the teeth of the above-named student and I find:

- Oral hygiene is: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
- Number of teeth filled \_\_\_\_\_
- Number of teeth extracted \_\_\_\_\_
- All necessary dental work has been completed \_\_\_\_\_
- Treatment is in progress \_\_\_\_\_
- No dental work is necessary \_\_\_\_\_
- Child is under regular dental supervision \_\_\_\_\_

**Remarks:**

Please elaborate on any of the above or make any recommendations that would assist the school in helping this child.

Dentist's Signature \_\_\_\_\_

Dentist's Printed Name \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_