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Dear Parent/Guardian,

Since a child's oral health has a definite influence on their overall physical health and educational progress, it is important that every child have a regular examination by the family dentist once a year.

Please have the dentist complete the section below at the time of the visit, then forward to the school clinic.

Sincerely,

Angela Koucheravy, RN, BBA  
St. Bernadette School Nurse

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#### REPORT OF DENTAL EXAMINATION

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

The teeth of this child have been examined:

Date \_\_\_\_\_

Teeth satisfactory: Y or N

Defects found: Y or N

Defects corrected: Y or N or N/A

Under orthodontic care: Y or N

Comments: \_\_\_\_\_

Signature of Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_ Telephone: \_\_\_\_\_