

**MADISON CONSOLIDATED SCHOOLS**

**DENTAL EXAMINATION REPORT**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

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The emphasis on prevention has had an impact on improving children's dental health in the last 15 to 20 years. Dentists are beginning to report a dramatic downturn in the number of cavities seen in children's teeth. They also observe that an increasing number of their patients actually keep their teeth for a lifetime.

The American Dental Association emphasizes that from the time the child gets his first teeth, his parents should be looking for signs of decay. Your child's pre-school physical examination is not complete without a dental examination. The American Dental Association suggests that the school child's regular examination by his physician should be followed by an appointment with the dentist in order to make the survey of his physical condition complete. It is important that parents realize that regular dental care is an integral part of their children's complete health picture.

Please take this form with you when you take your child to the dentist. Upon completion, return this dental form to your child's school. It is suggested that an appointment be made early so any necessary treatment can be completed before school starts. If the child has been to the dentist within the last six months, send this form to the dentist's office to be filled out from his records.

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**DENTIST'S REPORT**

The above named child is under my regular care: Yes [ ] No [ ]

Date of last examination: \_\_\_\_\_

Re-check appointment due: \_\_\_\_\_

This child has been seen for emergency treatment only: Yes [ ] No [ ]

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

\_\_\_\_\_  
Dentist Printed Name

\_\_\_\_\_  
Dentist Signature

\_\_\_\_\_  
Dentist Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip Code