

REPORT OF DENTAL EXAMINATION

NAME: _____ **BIRTHDATE:** _____

This individual's teeth were examined by me with the following results:

- _____ Teeth Satisfactory
- _____ Defect (s) found and in process of correction
- _____ Defect (s) corrected
- _____ Under orthodontic care

Dentist comments or recommendations:

Date

Signature of Dentist

Dentist: _____
(Please Print)

Address : _____

