

Lancaster Mennonite School – New Danville Campus
393 Long Lane, Lancaster PA 17603

DENTAL EXAM FORM

PreKindergarten, Kindergarten, Third Grade

Student's Last Name _____ First _____ Middle Initial _____

Home address:

Student is in grade _____ for the 2020-21 school year.

The above-named student last visited my office on (date) _____

- At that time, all necessary dental corrections had been made. YES NO
- If the answer is NO, fill in the following:
Primary Teeth _____ Fillings _____ Extractions _____
Permanent Teeth _____ Fillings _____ Extractions _____
- Diseases of the supporting tissues _____
- Gross Malocclusion which is producing a facial deformity or is interfering with function _____
- Cleft palate and/or Cleft Lip _____ Other Congenital Malformations _____
- Prosthetic replacements for lost or missing teeth _____
- This child is currently under treatment YES NO
- Patient received topical fluoride treatment YES NO

Signature of dentist _____ DDS/RDH

Print Name _____

Address _____

Date _____