

**ANNUAL
DENTAL REPORT**

**DELBARTON SCHOOL
2009 - 2010**

Report of Family Dentist

Name _____ Age _____ Grade _____

Address _____

This is to certify that _____

on _____ came to me for an examination of his teeth
month day year

which I found to be in _____ condition. I have since then given the necessary treatment.

How often are teeth examined? _____

Care of mouth: good _____ average _____ poor _____

ORTHODONTIC TREATMENT:

Teeth: good _____ average _____ poor _____

Recommended: _____

Current: _____

Occlusion: good _____ average _____ poor _____

Completed _____

Gums: _____

Right	Upper	Left
00000000		00000000
00000000		00000000
Right	Lower	Left

X = has been extracted O = to be extracted Temp = temporary Un = unerupted Imp = impacted

Dev = devital Df = defective filling G.Cr. = gold crown C = caries

Date _____ Signature _____

Address _____
