

DENTAL HEALTH CARD

Student Name: _____

- | | |
|-------------------------------|----------------------------|
| 1. _____ No defect | 7. _____ Gum infection |
| 2. _____ Under care | 8. _____ Needs ortho |
| 3. _____ Better brushing | 9. _____ Needs sealants |
| 4. _____ Needs cleaning | 10. _____ Other conditions |
| 5. _____ Cavity - baby tooth | 11. _____ Emergency |
| 6. _____ Cavity - adult tooth | |

_____ I have examined the teeth of the above pupil and find no fillings, extractions or cleaning needed.

_____ I have completed the necessary dental work for this pupil.

Date: _____ DDS: _____

Doctor, please do not sign this card unless necessary work is actually completed.

5/05