

Mendham Borough School District

Dental Exam for Kindergarten Entrance

I have been consulted concerning the dental condition of:

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Please complete all that apply:

- The student is receiving dental treatment; date of last visit: \_\_\_\_\_
- The student completed necessary dental services on: \_\_\_\_\_
- The student received a fluoride treatment on: \_\_\_\_\_

Signature or Stamp of Dentist

Date

\_\_\_\_\_

\_\_\_\_\_

