

***MOORESTOWN TOWNSHIP PUBLIC SCHOOLS***

**Dental Exam**

Student \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

School \_\_\_\_\_

**To be completed by the dentist and returned to the school:**

1. Necessary dental service has been completed \_\_\_\_\_
2. This student is receiving dental treatment on \_\_\_\_\_
3. Dental treatment is not needed at this time \_\_\_\_\_

Comment \_\_\_\_\_

Dentist Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_