

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 no needed at this time _____

Comment _____

Dentist Signature _____ Date _____

Address _____