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Dental Exam Form

2022-2023

Required only for rising 1st, 3rd, and I Form, (7th)

Please submit prior to August 1, 2022

Student Name: _____

Grade: _____ Birth Date: _____ ☐ Returning student ☐ New Student

To be completed by the **Dentist:**

I have examined: _____ and found him to have
dental hygiene. healthy

Dentist Signature: _____ Date of Exam: _____

Office Stamp:

RETURN TO:

SCHOOL HEALTH CENTER: 450 LANCASTER AVENUE • HAVERFORD, PENNSYLVANIA 19041
(610) 642-3020 x 1994 AND x 1234 • NURSE'S FAX: (610) 896-0759