

St. Raymond School
11557 Shannon Ave.
Dublin, Ca. 94568
925-828-4064

Name of child _____ Date of birth _____

Parent's Name _____

Address/City/State/Zip _____

All parents are urged to take their children to the dentist before school starts so as to be assured that the child's teeth are in good condition and so that any necessary treatment can be done. This is an important step in preparing the child for school. Regular dental supervision is important for the dental and general health of your child.

Has your child had a dental exam within the last 6 months?

Yes _____

No _____

Parent/Guardian Signature _____

If not, call your dentist for an early appointment. **This form must be signed by the dentist.** If the dentist has already checked your child, please have the dentist sign below.

Be sure the form is returned to the school. This form must be included in your child's health record.

Dental Examination Form

___ examined

No treatment necessary. Recheck in ___ months.

___ examined

Dental treatment completed. Recheck in ___ months

___ examined

Appointment made to complete dental work.

___ examined

Treatment necessary . No appointment made to complete work.

Date _____

Signature of dentist _____ D.D.S