## Certificate of Dental Examination Please Print

St	ude	ent's Name	_
Pa	ren	nt/Guardian Name	
So	hoc	ol	
		This form is to completed by your dentist.  Dental Examination	
1.	Te	Code: No Defect = 0 Defect = Note Condition	n
	1.	Cavities	
	2.	Malocclusion	
	3.	Soft Tissue	<del></del>
	4.	Oral Hygiene	
<ul> <li>2. Present Status</li> <li>Does the patient presently have any tooth decay or other dental def may reduce his/her efficiency or prevent him/her from receiving the benefit of his/her school work?</li> <li>If yes, please explain</li></ul>			ng the full
		Print/Stamp Dentist's Name Da	te
		Signature	

HMP 2006