

Lancaster Mennonite School – New Danville Campus  
393 Long Lane, Lancaster PA 17603

**DENTAL EXAM FORM**

Pre-Kindergarten, Kindergarten, Third Grade

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Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home address:

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Student is in grade \_\_\_\_\_ for the \_\_\_\_\_ school year.

The above-named student last visited my office on (date) \_\_\_\_\_

• At that time, all necessary dental corrections had been made. YES NO

• If the answer is NO, fill in the following:

Primary Teeth \_\_\_\_\_ Fillings \_\_\_\_\_ Extractions \_\_\_\_\_

Permanent Teeth \_\_\_\_\_ Fillings \_\_\_\_\_ Extractions \_\_\_\_\_

• Diseases of the supporting tissues \_\_\_\_\_

• Gross Malocclusion which is producing a facial deformity or is interfering with function \_\_\_\_\_

• Cleft palate and/or Cleft Lip \_\_\_\_\_ Other Congenital Malformations \_\_\_\_\_

• Prosthetic replacements for lost or missing teeth \_\_\_\_\_

• This child is currently under treatment YES NO

• Patient received topical fluoride treatment YES NO

Signature of dentist \_\_\_\_\_ DDS/RDH

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_