WEBER SCHOOL DISTRICT KINDERGARTEN

Dental Exam (Recommended)

TUDENT'S NAMESCHOOL			GRA	DE
ADDRESS	City	State	Zip	
PHONE				
Dear Dentist:				
Please fill in the following blanks:				
Have all defects been corrected?		□ Yes	\square No	
Is child receiving Fluoride Prophylaxis?		□ Yes	□ No	
Is child's dentition development normal for a	ge?	□ Yes	□ No	
				D. D. S.
Date				