

WYNFORD LOCAL SCHOOLS – DENTIST’S REPORT

3288 HOLMES CENTER ROAD, BUCYRUS, OH 44820 PHONE (419) 562-7828 FAX (419) 563-2905

EXAM DATE _____

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STUDENT’S NAME

SEX

AGE

DATE OF BIRTH

THE FOLLOWING SERVICES HAVE BEEN PERFORMED:

_____ - EXAMINATION

_____ - TOPICAL APPLICATION OF FLOURIDE

_____ - X-RAYS

_____ - SEALANTS

_____ - CLEANING

COMMENTS OR OTHER SERVICES: _____

THE FOLLOWING ORAL HYGIENE INSTRUCTION WAS PROVIDED:

_____ - BRUSHING

_____ - DIET INSTRUCTION RELATED TO ORAL HEALTH

_____ - FLOSSING

_____ - USE OF FLOURIDE MOUTHRINSE

COMMENTS OR OTHER INSTRUCTION: _____

THE FOLLOWING STATEMENTS ARE APPLICABLE:

_____ - ALL SERVICES HAVE BEEN PERFORMED

_____ - FURTHER TREATMENT IS NECESSARY

_____ - FURTHER APPOINTMENTS HAVE BEEN MADE

_____ - REFERRED TO AN ORTHODONTIST

COMMENTS: _____

DENTIST’S SIGNATURE: _____	NAME PRINTED: _____
ADDRESS: _____	PHONE: _____
	FAX: _____