MAGNOLIA PUBLIC SCHOOLS

KINDERGARTEN DENTAL EXAMINATION

A dental exam is recommended for each child entering kindergarten. All students can achieve and benefit from a healthy mouth. Regular dental examinations, good oral hygiene habits, healthy diets, and modern advances in dental disease prevention and control can benefit everyone. Please return this completed form to the school.

	Child's Name	D.O.B
	REPORT OF DENTAL EXA	MINATION:
	No dental treatment is necess	sary at this time
	All necessary dental treatmen	nt has been completed
	Treatment is in progress	werening.
	A regular preventative care p	orogram is recommended
	Further recommendations:	
	THE RESTRICTION AND ADDRESS OF THE PARTY OF	
Date Of	Exam	
Name of	Dentistry	11.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Health C	are Provider's Signature	
Plcase P	rint/Stamp Health Care Provider's	Name