

**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 EXAMINATION:**

No dental treatment is necessary at this time \_\_\_\_\_

All necessary dental treatment has been completed \_\_\_\_\_

Treatment is in progress \_\_\_\_\_

A regular preventative care program is recommended \_\_\_\_\_

Further recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Of Exam \_\_\_\_\_

Name of Dentistry \_\_\_\_\_

Health Care Provider's Signature \_\_\_\_\_

Please Print/Stamp Health Care Provider's Name \_\_\_\_\_