



LIBERTY
CHRISTIAN SCHOOL

Dental Health Record

Name of student: _____ Age: _____

Grade: _____

All students can achieve a healthy mouth, provided they practice protective health habits from childhood and have the opportunity to benefit from present-day knowledge of dental disease prevention and control. If your child has not visited your family dentist within the last six months, we advise you to make an appointment immediately. After the dental appointment, this signed form should be returned to the school.

Report of Dental Examination:

- A. _____ No dental treatment is necessary.
- B. _____ All necessary dental treatment has been completed.
- C. _____ Treatment is in progress.

Further comments:

Dentist's signature

Date