

SPARTA ELEMENTARY SCHOOLS

Dental Examination

Date _____

Name _____ Age _____ Grade _____

Please check the following:

Under treatment or has appointment _____

Approximate date of completion _____

No treatment required at this time _____

Advised to return in _____ months

Dentist's Signature _____

Telephone Number _____

1/9/98

SPARTA ELEMENTARY SCHOOLS

Dental Examination

Date _____

Name _____ Age _____ Grade _____

Please check the following:

Under treatment or has appointment _____

Approximate date of completion _____

No treatment required at this time _____

Advised to return in _____ months

Dentist's Signature _____

Telephone Number _____

1/9/98