



Report of Dental Exam

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Name of Child: _____

Birth date: _____

This is to certify that _____ had a dental
(Name of Child)
examination on _____.
(Date)

Dental work performed included:

Recommendations:

Date of Follow-Up Appointment (if applicable): _____

Next Routine Dental Exam Date: _____

Signature of Dentist or Dentist Designee

Date

Dentist Office Address:

Phone Number:
