

Oroville Christian School

Dental Examination Report

Child's Name: _____ Date of Birth _____

Parent's Name: _____ Phone #: _____

Address: _____

The prevalence of dental decay in American children cuts across all social, income, and educational boundaries. Statistics have shown that by the age of two, more than half the children in the United States have at least one cavity at the age of five (kindergarten age). The average child has three or more decayed teeth.

The American Dental Association emphasizes that from the time the child gets his first teeth his parents should be looking for signs of decay. **Your child's kindergarten physical examination is not complete without a dental examination.** The American Dental Association suggests that the school child's regular examination by his physician should be followed by an appointment with the dentist in order to make the survey of his physical condition complete. It is important that parents realize that regular dental care is an integral part of their children's complete health picture.

Please take this form with you when you take your child to the dentist. The dentist will complete it and mail it to the school office. It is suggested that an appointment be made early so any necessary treatment can be completed before school starts.

If the child has been to the dentist within the last six months, send this form to the dentist's office to be filled out from their records.

****The parent does not fill out this bottom portion.***

DENTIST'S REPORT

The above-named child is under my regular care (check one): YES NO

Date of last examination: _____

Re-check appointment due: _____

This child is not past due for a re-check (check one): YES NO

This child has been seen for emergency treatment only (check one) YES NO

Comments: _____

Dentist's Signature: _____

Address: _____

*Please return to: Oroville Christian School, 3785 Olive Highway, Oroville, CA 95966 ATTN: Registrar
Or fax to (530) 533-4155, ATTN: Registrar*