

**SCHOOL CITY OF WHITING  
DENTAL EXAMINATION FORM**

School Year 2023-2024

Grade \_\_\_\_\_

I have examined \_\_\_\_\_ on \_\_\_\_\_  
(Student's Name) (Date)

Dental correction necessary \_\_\_\_\_

Dentist's correction completed \_\_\_\_\_

Mouth in good condition \_\_\_\_\_

Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_

Dentist's Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_