



**LAWRENCEBURG PRIMARY SCHOOL**  
**STUDENT DENTAL HEALTH**  
**SCREENING**



**IDENTIFYING INFORMATION** (parents please complete)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

List current medications your child is taking: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Name of Family Dentist \_\_\_\_\_ Facility Name \_\_\_\_\_

**EXAMINATION**

Date of Exam \_\_\_\_\_

Past Dental History

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Current Complaints: YES (OR) NO if yes please explain

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**FINDINGS:** Normal Exam \_\_\_\_\_

Further Treatment Needed \_\_\_\_\_

**TEACHING**

How to brush teeth properly \_\_\_\_\_

Brush at least two times per day \_\_\_\_\_

How to floss properly \_\_\_\_\_

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

Return to: School Nurse

Phone: 812-537-7239

Fax: 812-537-5746