

St. Louis Public Schools Early Childhood/Early Childhood Special Education 801 N. 11th Street, St. Louis, MO 63101



| Dental Examination Report | | |
|---|---|----------------|
| DATE OF EXAM: | | |
| CHILD'S NAME: | S NAME: SEX: BIRTH DATE:/ AGE: IT(S) NAME: PHONE NUMBER: | |
| PARENT(S) NAME: | | |
| INSURANCE NUMBER (MEDICAID OR PRIVATE INSURA | NCE): | |
| Diagnostic and Preventive Procedures | Performed: | |
| | Prophylaxis | |
| Current Status: | | |
| Cavities: (How | Many) Recurrent decay around old fillings: | (How Many) |
| Gums and supporting tissues: | ☐ Normal & Healthy ☐ Moderate Inflammation (gingivitis) Other: ☐ Advanced | A , |
| Additional dental treatment i | Tooth # or letter Description of Dental Services | vices Required |
| 3 UPPER 14(1) | | |
| LEFT LOWER 30 19 0 K C C C C C C C C C C C C C C C C C C | | |
| Dentist Name (Please Print) | Signature | |

| dress, City, State & Zip Code | Phone No. |
|-------------------------------|-----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |