



# EGG HARBOR CITY PUBLIC SCHOOLS

Charles L. Spragg Elementary School

601 Buffalo Avenue • Egg Harbor City, New Jersey 08215

(609) 965-1034 Fax (609) 965-3561

## PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent/guardian (Please Print):

Student's Name		Birthdate	
Address		Phone	
School	Grade	Gender	M F
Parent/Guardian	Signature	Date	

To be completed by dentist:

Oral Health Status (circle all that apply):

Yes	No	Dental Sealants Present
Yes	No	Caries Experience/Restoration History
Yes	No	Untreated Caries
Yes	No	Soft Tissue Pathology
Yes	No	Malocclusion

Treatment Needs (check all that apply):

- ☐ Urgent Treatment- abscess, nerve exposure, advanced disease state, signs or symptoms that include pain infection or swelling
- ☐ Restorative Care- amalgams, composites, crowns, etc.
- ☐ Preventative Care- sealants, fluoride treatment, prophylaxis
- ☐ Other- periodontal, orthodontic

Please Note \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_