Harvest Baptist Academy

224 Harvest Lane, Natrona Heights, PA 15065
724-295-0607

DENTAL EXAMINATION FORM

(for 20__-20__ School Year)

Student Name: _____ Grade: _____
Last First Middle

Address: _____
Street Address City State ZIP

Date of Birth: _____ Please Circle: Male / Female

The above named child last visited my office on _____.
(date)

At that time, a dental exam was performed, and the necessary dental corrections were made.
Yes _____ No _____

If the answer is no, please complete the following:
Primary Teeth: #s_____ Please Circle: Fillings / Extractions

Permanent Teeth: #s_____ Please Circle: Fillings / Extractions

Diseases of the supporting tissues _____

Gross malocclusion that is producing a facial deformity or interfering with function _____

Cleft Palate / Cleft Lip? _____ Other congenital malformation? _____

OTHER NOTES:

Doctor's Name: _____ Date: _____

Signature: _____

Office Address: _____
Street Address City State ZIP

Kurt W. Skelly, Pastor
Charlie G. Rousey, Administrator