

**Frederick County Health Department
Frederick County Public Schools**

Dental Health Report

This is to certify that _____ came to me for an examination of his/her teeth.

How often are the teeth examined? At least yearly Less than yearly

Care of the mouth: Satisfactory Unsatisfactory

Condition of teeth: Satisfactory Unsatisfactory

Condition of gums: Satisfactory Unsatisfactory

Bite relationship: Satisfactory Unsatisfactory

Does the patient need:

Restorative treatment (fillings, etc.)? Yes No

Immediate treatment (emergency)? Yes No

Other treatment? Yes No

If yes, please specify.

Comments: _____

Parent Signature

Dentist Signature

Date

Date