



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

DENTAL EXAMINATION REPORT

SCHOOL INFORMATION

- | | | | |
|--|---|--|--|
| <input type="radio"/> Little Prairie Primary School
2109 Townline Rd, East Troy
P: 262-642-6730, F: 262-642-2724 | <input type="radio"/> Prairie View Elementary School
2131 Townline Rd, East Troy
P: 262-642-6720, F: 262-642-6788 | <input type="radio"/> East Troy Middle School
3143 Graydon Ave, East Troy
P: 262-642-6740, F: 262-642-6743 | <input type="radio"/> East Troy High School
3128 Graydon Ave, East Troy
P: 262-642-6760, F: 262-642-6776 |
|--|---|--|--|

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____ Gr: _____ Sex: M F
 Parent's Name: _____ Home #: _____ Cell #: _____
 Physician's Name: _____ Phone #: _____ Fax #: _____
 Physician's Address: _____ City: _____ St: _____ Zip: _____

Teeth are important to your child's health, comfort, behavior, progress in school and personal appearance. To safeguard these things, we advise you to take your child to your family dentist for an examination and whatever dental care may be necessary.

EXAMINATION REPORT - TO BE COMPLETED BY THE DENTIST

Oral health status (check all that apply):

- Dental Sealants Present
- Caries Experience/Restoration History - A filling (temporary/permanent) OR a tooth this is missing because it was extracted as a result of caries OR missing permanent 1st molars
- Untreated Caries - At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Soft Tissue Pathology
- Malocclusion

Treatment needs:

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

I have examined the teeth of the student named above and have completed all dental work that I found necessary at this time.

Dentist's Signature: _____ Date: _____