

HANOVER COMMUNITY SCHOOL CORPORATION

DENTAL EXAMINATION RECORD

I HAVE EXAMINED THE TEETH OF: _____

____ **ALL NECESSARY DENTAL WORK HAS BEEN COMPLETED**

____ **TREATMENT IS IN PROGRESS**

____ **NO DENTAL WORK IS NECESSARY**

____ **OTHER** _____

SIGNATURE OF DENTIST

DATE

PRINTED NAME OF DENTIST

Revised 2/2/21