State of Illinois
Illinois Department of Public Health

PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name: Last First Middle	Birth Date: (Month/Day/Year) / /
Address: Street City ZIP Code	Telephone:

Name of School:	Grade Level:	Gender: ☐ Male ☐ Female

Parent or Guardian:	Address (of parent/guardian): See Above

To be completed by dentist:

Oral Health Status (check all that apply)

☐ Yes   ☐ No   **Dental Sealants Present**

☐ Yes   ☐ No   **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

☐ Yes   ☐ No   **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.

☐ 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.

☐   **Preventive Care** — sealants, fluoride treatment, prophylaxis

☐   **Other** — periodontal, orthodontic

Please note _____

Signature of Dentist *Deepak Agarwal, DMD* _____   Date of Exam _____

Address   1163 E Ogden Ave Ste 403 Naperville, IL 60563 _____   Telephone (630) 416-0780 _____
           Street   City   ZIP Code

Illinois Department of Public Health, Division of Oral Health
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