ST. CATHERINE OF SIENA SCHOOL

3460 Tennessee Street

Vallejo, California 94591

PLEASE HAVE THIS FORM FILLED OUT BY YOUR CHILD'S DENTIST AND RETURN IT TO SCHOOL AS SOON AS POSSIBLE.

DENTAL EXAMINATION REPORT

NAME OF CHILD_____

HOME ADDRESS_____

(city) (zip code)

_____Treatment in progress

_____ Treatment is completed

Comments or Recommendations:_____

_____

_____

_____

_____

_____D.D.S.

Signature of Dentist Date