



St. Joseph Catholic Academy

School Dental Observation Form

Parent/Guardian: Please print the information and return this form with the examining dentist/hygenist's signature the Main Office.

Student Name: _____

Birthdate: _____ Grade: _____

Student Address: _____

Parent/Guardian Name: _____

Date of Dental Exam: _____

NOTE CONDITIONS AS CHECKED:

Cavities present _____
comments

- Home Brushing Care
- Good
 - Needs Improvement
 - Urgently needs improvement

Occlusion or bite relation

- Normal
- Abnormal _____
comments

Prompt attention advised

comments

Mouth in apparently good condition

Signature of Examining Dentist or Hygenist

Date

ST. JOSEPH CATHOLIC ACADEMY
Lower Campus 7207 - 14th Avenue • Kenosha, WI 53143
Upper Campus 2401 - 69th Street • Kenosha, WI 53143