

Cardinal Pacelli School
927 Ellison Avenue
Cincinnati, OH 45226
513-321-1048 fax 513-533-6113
Dental Exam

Child's Name _____ Date of birth _____

School _____ Grade _____

The following services have been performed:

- _____ Radiographs
- _____ Oral prophylaxis
- _____ Fluoride treatment
- _____ Restorations
- _____ Sealants

Please check all that apply:

- _____ All necessary services have been performed
- _____ No restorative services are required at this time
- _____ Further treatment is needed
- _____ Future appointments have been arranged

Comments:

Name of Dentist: _____ Signature: _____

Address: _____ Phone: _____

Date: _____