17th & the Benjamin Franklin Parkway
Philadelphia, PA 19103-1284

215-561-5900
215-864-2979 FAX

FRIENDS SELECT

Due: August 7, 2009

DENTAL EXAMINATION FORM
2009-2010

To be completed by **all new students** and those entering **the 3rd and 7th** grades.

_____

Last Name **First Name and Initial** **Sex** **Grade**

_____

Date of Birth: Month Day Year

Last Visit _____ At this time all necessary dental corrections were made: ☐ Yes ☐ No
Date

If the answer is no, the follow-up appointment is for _____.
Date

Date _____ _____ **DDS/DMD**
Signature