

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

215-561-5900
215-864-2979 FAX

FRIENDS SELECT

Due: August 6, 2010

**DENTAL EXAMINATION FORM
2010-2011**

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

Last Name	First Name and Initial	Sex	Grade
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Date of Birth:	Month	Day	Year
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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