

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

215-561-5900
215-864-2979 FAX

FRIENDS SELECT

Due: August 5, 2011

**DENTAL EXAMINATION FORM
2011-2012**

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