

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

215-561-5900
215-864-2979 FAX

FRIENDS SELECT

Due: August 14, 2020

**DENTAL EXAMINATION FORM
2020-2021**

To be completed by **all new students** and those entering **Grades 3 and 7**

Last Name _____ First Name _____

Date of Birth: _____ Sex _____ Grade _____

This student was seen for routine dental care and cleaning on _____

At this time all necessary dental corrections were made: ☐ Yes ☐ No

A follow-up appointment for routine care is scheduled on _____

Signature DDS/DMD Date