

ANNUAL DENTAL EXAMINATION REPORT OF FAMILY DENTIST

to

VILLA WALSH ACADEMY

455 Western Avenue • Morristown, NJ 07960 • 973-538-3680

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

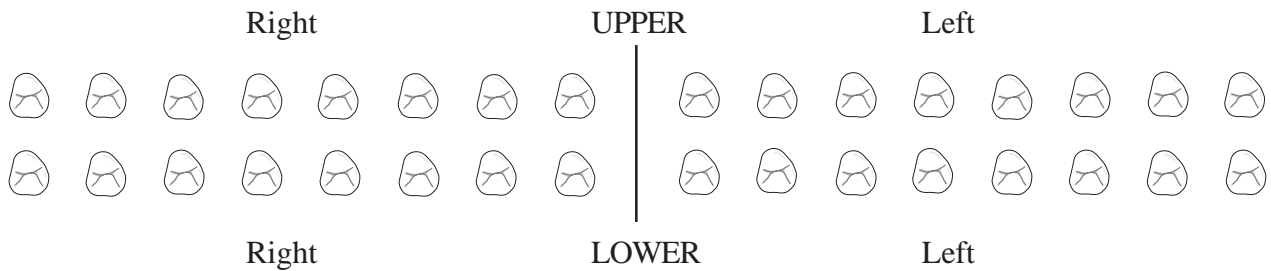
This is to certify that \_\_\_\_\_ came to me  
Student's Name

on \_\_\_\_\_ for an examination of her  
Month Day Year

teeth which I found to be in \_\_\_\_\_ condition.

TEETH: \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

OCCLUSION: \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor



X = Has been extracted      O = To be extracted      Temp = Temporary      Un = Unerupted

Imp = Impacted      Dev = Devital      Df = Defective filling      G.Cr. = Gold Crown      C = Caries

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip