

JEFFERSON TOWNSHIP PUBLIC SCHOOLS  
JEFFERSON TOWNSHIP, N.J.

REPORT OF DENTAL EXAMINATION

This is to certify that I have examined the teeth of  
\_\_\_\_\_ and:

1. All necessary dental work has been completed. ( )
2. Treatment is in progress. ( )
3. No dental work is necessary. ( )

Further recommendations: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Dentist