Student Dental Report Form

Student dental exams are required for kindergarten, fourth grade, seventh grade, ninth grade, and all new transfer students. Dental exams are important as the teeth and gums affect the wellness of children through their position, ability to chew, speech, and the overall appearance of a healthy smile. This form is to be filled out by your family dentist and returned to the Principal of your child’s school before the first day of the school year.

NOTE: More than 40% of 5-year olds have tooth decay or cavities.

NOTE: More than 85% of 17-year olds have tooth decay or cavities.

Student’s Name: ____________________________

Grade:  

☐ K  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  

☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ 10  ☐ 11  ☐ 12

At the following school:

☐ Jackson Elementary  ☐ Tibbets Elementary  ☐ West Side Elementary

☐ Elkhorn Area Middle School  ☐ Elkhorn Area High School

13 N. Jackson Street  W5218 County Road A  222 Sunset Drive
Elkhorn, WI  53121  Elkhorn, WI  53121  Elkhorn, WI  53121
Fax: 262-723-3719  Fax: 262-742-4582  Fax: 262-723-6790

627 E. Court Street  482 E. Geneva Street  
Elkhorn, WI  53121  Elkhorn, WI  53121
Fax: 262-723-4967  Fax: 262-723-8092

Dental Report Examination to be completed by the Dentist:

☐ EXAMINATION

☐ CLEANING

☐ I have completed the indicated services on the above named student.

☐ Additional dental treatment is needed and appointments will be scheduled.

Dentist’s Signature  ____________________________  Date  __________/____/____

Dentist’s Name (printed)  ____________________________  Telephone Number  __________

Address  ____________________________  City/State  ____________________________