



ASHWAUBENON SCHOOL DISTRICT
1055 Griffiths Lane
Green Bay, WI 54304
920-492-2905

Dental Exam Form (Optional)

Child's Full Name _____ Grade _____

Birthdate _____ School _____

Parent/Guardian _____

Address _____

Our school has a health program that is designed to improve, protect, and promote the health of each child. As a part of this health program we strongly urge you to take your child to the dentist of your choice at least once a year for a dental examination and whatever treatment may be necessary.

Name of Dentist _____

Date of Last Dental Examination _____

All needed dental work has been completed? Yes No

More extensive dental work is needed? Yes No

Appointment has been made? Yes No

Comments _____

Signature of Dentist (Optional)

Signature of Parent/Guardian

Date