



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

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth

- 1. All necessary dental treatment has been completed
- 2. Treatment is in progress
- 3. No dental treat is necessary

Further recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Examination

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