



SAINT MARY'S ACADEMY
TRADITIONAL CATHOLIC SCHOOLS OF THE SOCIETY OF ST. PIUS X
200 EAST MISSION STREET SAINT MARYS, KANSAS 66536
PHONE 785-437-2471 • FAX 785-437-6597

Dental Examination

--Boarding Student--

Dental Examinations must be dated no more than one year prior to September 1 of the new academic year.

NOTE: All urgent treatment needed must be completed before the start of the Academic Year. If urgent treatment needs are indicated on this form, please submit a letter from the dentist showing that treatment was completed.

Parents, please complete the top part of this form

Student's Name: _____
Last Name *First Name*

Student's Date of Birth: _____
Month *Day* *Year*

Name of Dentist: _____

Location of Practice _____
Street Address *City, State* *Zip*

Telephone Number: _____

Dental Examination

To be completed by dentist:

Oral Health Status (check all that apply)

- Yes No *Dental Sealants Present*
 Yes No *Caries Experience / Restoration History* – A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars
 Yes No *Untreated Caries* – At least ½ mm of tooth structure loss at the enamel surface. Brown to dark brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
 Yes No *Soft Tissue Pathology*
 Yes No *Malocclusion*

Treatment Needs (check all that apply)

- Urgent Treatment* – abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.
 Restorative Care – amalgams, composites, crowns, etc.
 Preventive Care – sealants, fluoride treatment, prophylaxis
 Other – periodontal, orthodontic

Additional Notes: _____

Signature of Dentist: _____ Date of Exam _____