



**JACKSON R2 SCHOOL DISTRICT
HEALTH SERVICES
DENTAL REPORT**

STUDENT'S

NAME: _____
(First) (Middle) (Last)

DATE OF DENTAL

EXAM: _____

TEETH IN GOOD

CONDITION: _____

ORTHODONTIA

NEEDED: _____

ALL NECESSARY WORK COMPLETED: _____

PART OF WORK

COMPLETED: _____

GENERAL REMARKS: _____

Signature of Dentist

Date