

ST. ANTONINUS SCHOOL

5425 Julmar Drive
Cincinnati, OH 45238

Telephone 513-922-2500
FAX 513-922-5519

DENTIST REPORT

Child's Name _____ M___ F___ Date of Birth _____

The following services have been performed: (please check)

- _____ radiographs
- _____ oral prophylaxis
- _____ fluoride treatment
- _____ restorations

The following statements are applicable: (please check)

- _____ all necessary services have been performed
- _____ no restorative services were required at this time
- _____ further treatment is indicated
- _____ future appointments have been arranged

COMMENTS:

Dentist's Signature

Date