Lutheran South Unity School
5401 S. Calhoun Street
Fort Wayne, IN 46807
260-744-0459
Krista Nagy, Principal
Julie Turney, Admissions
jturney@lsusfw.org

Allen County Non-Public School Association

CERTIFICATE OF DENTAL EXAMINATION

Please Print

Student's Name: _____
(Last) (First) (MI)

Date of Birth: ____/____/____ Enrolling in Grade _____

This Form is to be Completed by the Child's Dentist.

DENTAL EXAMINATION

Code: No Defect = 0 Defect = Note Condition

TEETH

1. **Cavities** _____
2. **Malocclusion** _____
3. **Soft Tissue** _____
4. **Oral Hygiene** _____
5. **Fluoride** _____
6. **Sealant** _____

PRESENT STATUS

Does this child presently have any tooth decay or other dental defects which may reduce his/her efficiency or prevent him/her from receiving the full benefit of his/her school work?
If yes, please explain _____
_____

FURTHER RECOMMENDATIONS

_____
_____

_____
Print/Stamp Dentist's Name **Signature**

_____
Date

(rev ACNPSA 1/16)