

5411 Main Street  
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**Dentist's Report for Kindergarten** (to be completed by dentist)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ years \_\_\_\_\_ mos.

Dentist Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of last exam \_\_\_\_\_

Findings \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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