GROUP HOME, INSTITUTION
DENTAL EXAMINATION RECORD

State Form 49962 (1-01) / BCD 0062

Name	Age
I. Teeth	
II. Gums	
III. Oral Hygiene	
IV. Recommendations	

Date of examination	Signature of dentist

Every child must have an admitting dental examination and every six months thereafter.

(*Over*)

FOLLOW-UP VISITS

DATE	RECOMMENDATIONS