

Dental form.

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

This is to certify that: \_\_\_\_\_ had a dental  
(Name of Child)

Examination on: \_\_\_\_\_  
(Date)

Dental Work Performed Included:

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Recommendations Include:

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\_\_\_\_\_  
(Signature of Dentist or Dentist Designee)

\_\_\_\_\_  
(Date of Signature)