



## DENTAL REPORT

My child \_\_\_\_\_  
(Child's name)

has had his/her last dental checkup on \_\_\_\_\_  
(date)

By Doctor \_\_\_\_\_  
(Doctor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (Zip Code)

\_\_\_\_\_  
(Phone Number)

Parent's signature \_\_\_\_\_