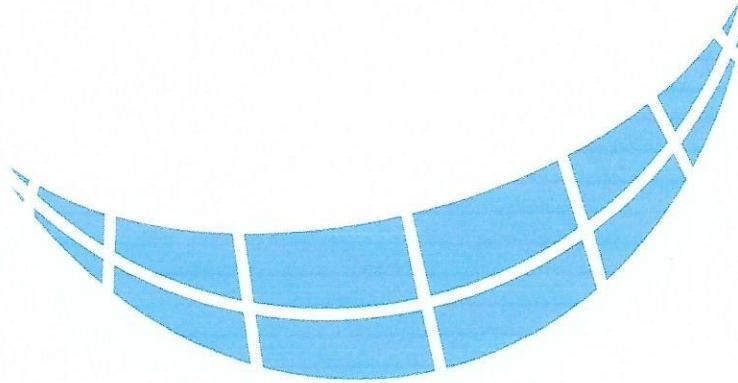


# GET YOUR SMILE ON!



**DENTAL EXAMINATIONS**  
are now required for PreK/Kindergarten entry  
and Grades 2, 7 and 12

Bring documentation of dental  
examination to school prior to starting  
each grade level listed.



*Improving health, one smile at a time.*

West Virginia Department of Health and Human Resources

# Student Oral Health Form

## Patient Information

Child's Name (Last, First, MI)	Date of Birth (MM/DD/YYYY)	Age	
Address	City	State	Zip Code
Guardian	Phone		

## Oral Health Service

Please provide date of service in applicable box below:

	School Entry	2nd Grade	7th Grade	12th Grade
Date of service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Oral Health Services:

Type of Services Provided?  Examination

Does the child have any teeth with untreated decay?  Yes (decay)  No (decay free)

Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions?  Yes  No

Are there treatment needs?  Yes, urgent  Yes, not urgent  No treatment needs

## Additional Information

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## Oral Health Provider's Contact Information and Signature

Provider Name (please print)	Phone Number	Fax Number
Practice Name	Address	
Provider Signature	Office Contact email	