



Park Montessori



3317 Creek Road, Sharonville, OH 45241

Phone: 513-563-7286

Website: www.parkmontessori.school

Email: parkmontessorioh@gmail.com

Mailing Address: PO Box 62953, Cincinnati, OH 45262

Dental Health Form

This is to certify that I have examined the teeth of

_____ On _____
Child's Name Date

I find that the Oral Hygiene is: Good ____ Fair ____ Poor ____

Number of teeth filled: _____

Number of Teeth extracted: _____

Any treatment in progress: _____

Any remarks or recommendations:

Dentist's Signature: _____

Office address: _____

Office phone: _____