



St. Antoninus Catholic School

5425 Julmar Drive, Cincinnati, OH 45238 | PH: (513) 922-2500 | Fax: (513) 922-5519 | www.SaintAntoninus.org

Dentist Report

Child's Name _____ M ___ F ___ DOB _____

The following services have been performed: (please check)

_____ radiographs

_____ oral prophylaxis

_____ fluoride treatment

_____ restorations

The following statements are applicable: (please check)

_____ all necessary services have been performed

_____ no restorative services were required at this time

_____ further treatment is indicated

_____ future appointments have been arranged

COMMENTS:

Dentist Signature _____ Date _____

Tel: _____ Fax: _____