

Saint Peter School
415 Atlantic Avenue
Pt. Pleasant Beach, NJ 08742
732-892-1260 fax 732-892-3488

Dental Appraisal Form
(To be completed by the child's dentist)

CHILD'S NAME _____

CONDITION OF TEETH _____

RECOMMENDATIONS _____

DATE OF EXAMINATION

SIGNATURE OF DENTIST

PLEASE PRINT

DENTIST NAME _____

ADDRESS _____ City _____ ZIP _____

PHONE _____