



RAMAH CHRISTIAN ACADEMY

Report of Oral Examination

Please submit most recent report, within the last 12 months.

TUITION ASSISTANCE

Student's Name

Gender

Date of Birth

Male Female

SERVICES PERFORMED (Check all that apply)

- Examination Fluoride application Oral prophylaxis (cleaning) Prescription for fluoride supplement
 Dental sealant Radiographs Orthodontic assessment Treatment (restoration, pulp therapy)
 Other _____

ORAL HYGIENE INSTRUCTION (Check all that apply)

- Tooth brushing Flossing Dietary counseling Use of fluoride mouth rinse
 Other _____

HEALTH STATEMENTS (Check all that apply)

- All necessary preventive services have been performed (fluoride treatment, prophylaxis).
 No restorative services are required at this time.
 Further treatment is indicated. (See comments.)
 Further appointments have been arranged (orthodontic, restorative).
 Routine recall visits recommended.

Comments:

DENTIST'S INFORMATION

Dentist's Signature	Print Name	Date
Address		Phone
City	State	ZIP

Please return completed form to: Ramah Junior Academy, 4770 Lee Road, Cleveland, Ohio 44128