



# Blue Mountain Academy

2363 Mountain Road, Hamburg, PA 19526 USA fax: 484-662-7001

## Dental Examination Record

**\*For New Students Only\***

The following information is to be completed by a dentist.

**Student should have all necessary work done prior to admission.**

Student's Name (Print) \_\_\_\_\_

Birth Date \_\_\_\_\_

Current Grade \_\_\_\_\_

Home Address, City, State, Country, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

### UPPER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

### LOWER

Date of Examination: \_\_\_\_\_ Does the student require dental treatment?  Yes  No

If yes, indicate treatment: \_\_\_\_\_

Does the student wear braces?  Yes  No

Orthodontist's Name: \_\_\_\_\_ Orthodontist's Phone: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_ Dentist's Name (Print): \_\_\_\_\_

Dentist's Address: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

**Please mail/fax completed form directly to:**

Blue Mountain Academy  
 Attn: Health Services  
 2363 Mountain Road  
 Hamburg, PA 19526  
 Fax: 484-662-7001