



# DENTAL EXAMINATION STATEMENT

I \_\_\_\_\_ have had my teeth checked and cared for by a dentist. I have have discussed how to care for my teeth.

SCOUT NAME (PRINTED) \_\_\_\_\_

SCOUT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DENTIST NAME (PRINTED) \_\_\_\_\_

DENTIST SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

