

Coastal Carolina Community College

444 Western Boulevard • Jacksonville • NC • 28546 • (910) 455-1221

Dental Examination Form



HEALTH OCCUPATIONS:

- | | |
|---|--|
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Associate Degree Nursing |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Practical Nursing |
| <input type="checkbox"/> Surgical Technology | <input type="checkbox"/> Medical Laboratory Technology |
| <input type="checkbox"/> Central Sterile Processing | |

STATEMENT OF DENTIST:

This is to certify that on _____, 20____, the applicant,
_____, came to see me for an examination
(Applicant's Name and Social Security Number)
of his/her teeth and gums which I found to be in _____ condition.

I have since given treatment necessary:

Signed _____ Date _____

Address _____

