



Oakwood Adventist Academy

7000 Adventist Blvd. • Huntsville, AL 35896 • Fax - 256/837-2753

Dental Health Form

Please Print

Student _____
Last Name First MI

Date of Birth _____

Please indicate the type of dental care given.

_____ Prophylaxis _____ Cavities Filled

Please indicate the type of additional dental work needed.

_____ Operative _____ Orthodontics _____ Wisdom Teeth Removal

What is the general condition of the child's teeth?

Is there any additional care planned for this child?

D. D. S. Signature

Date

Phone No.