Health Sciences and Human Services

DENTAL RECORD

FOR DENTAL HYGIENE STUDENTS COLLEGE OF SOUTHERN IDAHO

To be completed and signed by your Dentist. (Form should be given Back to student-patient)			
NAME		DATE	
Please check one of the fo	ollowing:		
Oral Hygiene:			
Good			
Fair			
Poor			
Calculus Deposits:			
Slight			
Moderate			
Heavy			
Periodontal Disease:			
General .	Mild	Moderate	