EMPLID:_____ **A_DE** **DATE:**_____

MANATEE TECHNICAL COLLEGE

DENTAL ASSISTING PROGRAM
PRE-ENTRANCE DENTAL EXAM

The pre-entrance dental exam must be dated within 6 months of the course start date. This is the only form accepted and must be provided to the dentist for completion.

Student Information

Student Name _____ Phone_____

Address _____
Street Address City, State, Zip

Dentist Information

Examining Dentist _____

Practice Address_____
Street Address City, State, Zip

Practice Phone Number _____ FAX _____

Date of Exam: _____ Follow-up Treatment Required? ☐ Yes ☐ No

CONDITION	(+)	(-)	Describe	Recommendations
Caries Present	Yes ☐	No ☐		
Periodontal Disease Present	Yes ☐	No ☐		
Abscess Present	Yes ☐	No ☐		
Fractured Teeth	Yes ☐	No ☐		
Fixed or Orthodontic Appliances?	Yes ☐	No ☐		
Other Oral Conditions	Yes ☐	No ☐		

During the course of the dental assisting program, students practice some intraoral skills clinically on each other. Please note any procedure in which this student should NOT participate as a patient:

☐ Alginate Impressions ☐ Coronal Polish ☐ Fluoride Application ☐ Radiography

☐ Oral Rinsing ☐ Charting Oral Conditions ☐ Periodontal Dressing

Dentist's Signature:_____

Student's Signature_____