

**DENTAL EXAMINATION CARD**

Saint Martin of Tours Parish School  
7933 South 116<sup>th</sup> Street Franklin, WI 53132

Pupil Name \_\_\_\_\_

Address \_\_\_\_\_

This is to certify that the bearer has had a dental examination and the necessary dental work completed.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Dentist

Please return to school

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