



**MARICOPA COMMUNITY COLLEGE DISTRICT ALLIED HEALTH PROGRAMS**  
**HEALTH AND SAFETY DOCUMENTATION FORM**  
**PHOENIX COLLEGE DENTAL PROGRAMS**

**DENTAL EXAM RECORD**

**Student Name** \_\_\_\_\_

**DENTAL EXAM RECORD**

I have examined \_\_\_\_\_ and find his/her oral health to be:  
Student Name

\_\_\_ Satisfactory

\_\_\_ Unsatisfactory

I recommend the following:

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

\_\_\_\_\_  
Date signed