



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