



TWIN PINES FAMILY SERVICES, LLC

1 Washington St. Suite A Hopwood, PA. 15445 Phone 724-439-HOME Fax 724-439-4664

DENTAL EXAMINATION FORM

Patient's Name: _____ Examination Date: _____

Date of Birth: _____ Gender: Male _____ Female _____ Race: _____

Services Provided: *(check all that apply)*

_____ Examination

_____ X-Rays

_____ Amalgams

_____ Prophylaxis

_____ Fluoride

_____ Other (explain): _____

Number of Cavities: _____

Return Visit(s): _____

Six Month Check-up Due: _____

Recommendations and/or Comments:

Dentist's Signature

Date