

**GROSSMONT COLLEGE NURSING EDUCATION
PRE-ENTRANCE DENTAL RECORD**

(Dental examination must be done no more than 1 year prior to entering the program)

Name: _____

This is to certify that the above named applicant completed a dental examination on _____
(Date)

I found his/her teeth and gums are currently:

In good health _____ In need of treatment _____

If treatment is required, please describe.

Could the condition of this person's oral health in any way affect his/her general health?

No _____ Yes _____

If yes, please explain:

Signature of D.D.S

Date

Address

City, State

Zip

Business Card or facility stamp must
accompany this form.