

**TENNESSEE STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE
Dental Examination Form for Accepted Applicants**

It is **mandatory** that this form be completed and submitted to the Department of Dental Hygiene after an applicant has been accepted into the program. This form should have the examining dentist's signature.

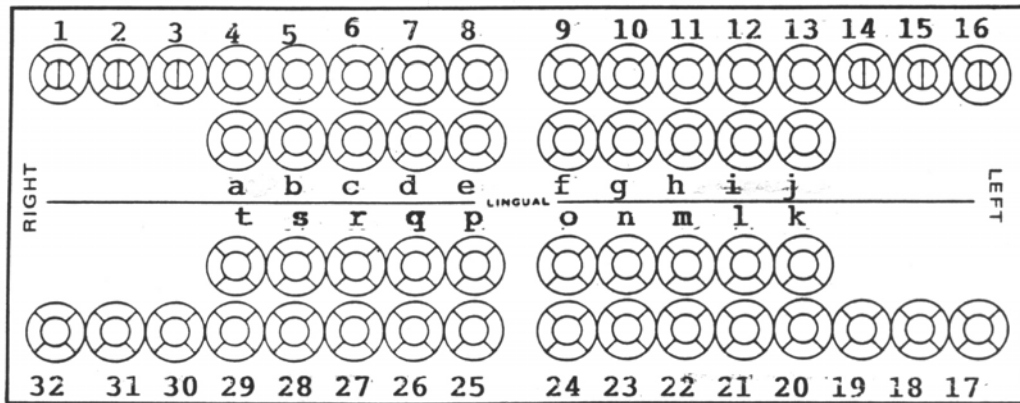
Applicant Name: _____ Date: _____

Date of last prophylaxis: _____

Assessment	Circle One		
	Brushes Teeth	Daily	2 times per day
Flosses	Daily	2 times per day	3 times per day
Bleeds on Brushing	Yes	No	Sometimes
Calculus	Slight	Moderate	Heavy
Plaque	Slight	Moderate	Heavy
Materia Alba	Slight	Moderate	Heavy
Stains	Slight	Moderate	Heavy

Dear Doctor:

Please chart the existing restorations in blue, caries in red, and X out missing teeth in red. Please designate impacted third molars as IMP.



Comments: _____

Doctor's Signature: _____