



HOWARD COLLEGE

DENTAL HYGIENE

1001 Birdwell Lane • Big Spring, TX 79720 • (432) 264-5065 • Fax (432) 264-5630

Dental Examination of Applicant

(COMPLETE BETWEEN SEPT. 1 – FEBRUARY 1 OF CURRENT APPLICATION CYCLE)

Name: _____ Date of Exam: _____

Address: _____

City/State/Zip Code: _____

Dental Health Overall: Excellent Good Fair Poor

Date of last prophylaxis: _____

Date of last radiographs: _____ Type Taken: _____

Remarks/Recommendations Regarding Dental Health:

Printed Name of Examining Dentist

Address

Signature of Examining Dentist

City/State/Zip Code

Telephone Number
