

**GROSSMONT COLLEGE
NURSING PROGRAM**

PRE-ENTRANCE DENTAL RECORD

(Exam must be completed within 12 months of beginning 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 _____

Please describe the treatment needed.

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

Please return or mail this form to:

**GROSSMONT COLLEGE
NURSING PROGRAM
8800 GROSSMONT COLLEGE DRIVE
EL CAJON, CA 92020-1799**

Attach business card or stamp from Dental office.