



# COLUMBUS TECHNICAL COLLEGE

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## PRE-ENTRANCE DENTAL RECORD SCHOOL OF HEALTH SCIENCES

**PLEASE SEND TO:** Program Manager for: \_\_\_\_\_ (name of program)  
Columbus Technical College  
928 Manchester Expressway  
Columbus, GA 31904-6572

This is to certify that \_\_\_\_\_ came to me for an examination on  
\_\_\_\_\_. I found his/her teeth to be in \_\_\_\_\_ condition. I

have  have not given necessary treatment. He/she has dental check-ups every  
\_\_\_\_\_.

<b>Care of mouth:</b>	Good _____	Average _____	Poor _____
<b>Teeth:</b>	Good _____	Average _____	Poor _____
<b>Occlusion:</b>	Good _____	Average _____	Poor _____
<b>Gums:</b>	Good _____	Average _____	Poor _____

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*A unit of the Georgia Department of Technical and Adult Education*