

**CHAMPLAIN COMMUNITY SERVICES, INC.**  
512 Troy Avenue, Suite 1, Colchester, VT 05446  
655-0511 (P)      655-5207 (F)

**DENTAL EXAMINATION RECORD**

CLIENT NAME	DATE
ATTENDANT/CLINIC NAME & ADDRESS:	
GENERAL COMMENTS:	
HYGIENE PROGRAM:	
OTHER:	

**DATE OF NEXT APPOINTMENT:** \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Staff Name (please print)