

**FRED W. EBERLE TECHNICAL CENTER**

**School of Practical Nursing**

208 Morton Ave  
Buckhannon, West Virginia 26201  
(304)472-1276 Fax:(304)472-4993  
Web <http://www.fetc.edu>



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**Dental Examination Record**

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

**Date of Birth** \_\_\_\_\_

**Last 4 SS#** \_\_\_\_\_

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I certify that \_\_\_\_\_  
name of applicant

had a dental exam on \_\_\_\_\_  
Date anytime within the last 9 months

**Please check one:**

\_\_\_\_\_ The applicant was in good dental health.

\_\_\_\_\_ The applicant needed dental work and an appointment was made for:  
\_\_\_\_\_ (date)

**If applicant needed dental work, please provide a brief explanation of the reason.**

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**Signature of Dentist**

**Date**

**Applicants should have a plan to complete needed dental work and the LPN office must receive signed verification from the DDS of work done at the time of completion.**