



DENTAL CLEARANCE LETTER

DATE: _____

Re: _____ DOB: _____

To Whom It May Concern:

You have requested that the above candidate provide you with their current dental status.

Date of last dental exam: _____

___ Applicant has no current dental problems that need treatment at this time.

___ Applicant has dental conditions that have not been treated.

Additional Information: _____

Supervising Dentist's Signature

Dental Student's Signature

Supervising Dentist's Name

Dental Student's Name and Number