



The following individual has been accepted for the Dental Assisting program at Lake Area Technical College. One of the requirements after acceptance is a dental exam. Please sign this form verifying this requirement has been met.

Name of Applicant _____

This is to verify that I have examined the above individual and found them to have good oral health. Please make a notation below of any exception to this statement.

As a Dental Assistant student at Lake Area Tech, the following procedures may be performed on the above individual:

Radiographs	Bleaching
Coronal Polishing	Alginate Impressions
Fluoride Treatment	

Dentist Name _____

Address _____

City _____ State _____

Office Phone _____

Dentist's Signature _____ Date _____

Applicant: Please return this completed form to Admissions Office, Lake Area Technical College, 1201 Arrow Ave NE, PO Box 730, Watertown, SD 57201.