

EXCHANGE INTERNATIONAL

DENTAL REPORT

It is essential that you have all necessary dental work done before embarking on the program. The Exchange International insurance **DOES NOT COVER** any dental work.

_____ Male ___ Female ___
(Print: Last name or Family name) (First name)

Age _____

(Country)

I, _____ of _____
Name of the Dentist Address of the Dentist

_____ Treat regularly as a Patient _____
Date last seen

_____ Have Recently Examined _____
Date of examination

And certifies that the applicant's dental health is adequate to undertake the Exchange International program with no foreseeable problems during the period except as follows:

Signature of the Dentist

Date of Report