

DENTAL EXAMINATION

The health policy recommends an annual dental examination by your family dentist for each child.

The attached form is to be completed. If your child has had an examination in the last six (6) months, then have the dentist complete the form.

If there is any reason why you cannot have a dental examination done, please call me.

School Nurse R.N.

DENTAL EXAMINATION REPORT

Grade _____

on _____

- _____ 1. There is no need for corrective work at this time.
- _____ 2. Treatment has been completed.
- _____ 3. There is need for dental care at this time. An appointment has been scheduled.

YES

NO

D.D.S.

Signature

Address