Non-Public School Dental Form

Dear Parent(s) / Guardian:
It is recommended that your child be examined by your dentist every six months in order to prevent tooth decay and provide necessary treatment.

Please ask your dentist to complete the form below and return it to the school.
Thank you for your cooperation in this matter.

REPORT OF DENTAL EXAMINATION

Name of student _____ Grade _____ This is to certify that I have examined the teeth of the above named student and

1. All necessary dental work has been completed _____
2. Treatment advised and in progress _____
3. No dental work is necessary _____

Further recommendations: _____
Signature of Dentist: _____ Date: _____
Please print (or stamp) name of Dentist: _____