

## ***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: \_\_\_\_\_