

SCHOOL _____

REPORT OF DENTAL EXAMINATION

This is to certify that I have examined the teeth of

_____ and:

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

Further recommendations _____

Dentist Signature _____ Date: _____

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

TO THE PARENT: Our school has a health program that is designed to improve, protect and promote the health of the child. As a part of this health program we strongly urge all parents to have their children visit their dentist at least once a year for a dental examination and whatever treatment may be necessary. In the interest of better health, would you then have your child take this card to a dentist of your choice. When this examination and treatment are complete, the card should be returned to the school nurse.