

(FRONT)

DENTAL EXAMINATION AND TREATMENT CARD

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 dental health would you take your child to a dentist of your choice. When the examination and treatment are completed, this card should be returned to the school.

Principal

50.690

(BACK)

REPORT OF DENTAL EXAMINATION

This is to certify that I have examined the teeth of:

_____ and:

- 1. 1. All necessary dental treatment has been completed.
- 2. 2. Treatment is in progress.
- 3. 3. No dental treatment is necessary at this time.

Further recommendations: _____

Date

Signature of Dentist

PLEASE RETURN THIS CARD TO THE SCHOOL

Revised 7/01