



## DENTAL HEALTH FORM

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_

The purpose of requesting each student to have his/her teeth examined by a dentist at least once each year is to discover signs/symptoms of impending dental defects and infection. Through periodic examination, treatment can be given with the least amount of discomfort to the student and at the lowest cost to the parent. Pain, illness, and unnecessary loss of teeth resulting from dental diseases can be prevented by early and regular attention and treatment. Parents are urged to take this form on an annual basis to their student's dentist, have any necessary dental cleaning and/or work performed, and return the completed, signed form to the school nurse.

School Nurse \_\_\_\_\_

Date \_\_\_\_\_

### **Dentist Please Complete:**

\_\_\_\_\_ I have examined the teeth of the above student and find no fillings, extractions, or cleaning required.

\_\_\_\_\_ I have completed the necessary dental work for this student.

Dentist Signature \_\_\_\_\_

Date \_\_\_\_\_