

CENTERVILLE PRESCHOOL



Please return via fax: 937-438-6076 or 937-312-1274
or email to: kathryn.collins@centerville.k12.oh.us

Yearly Dental Check

The Ohio Department of Education's Early Learning Guidelines requires that each child have an annual dental check.

Name of Child: _____

Date of Dental Exam: _____

Signature of Dentist: _____

Name of Dentist: _____

Address of Dentist: _____

Phone: _____

If your child does not have a current signed dental form on file, please complete the following:

- My child is currently scheduled to see the dentist on _____
I will return a signed form at that time. (Date)

Or

- I have been informed of the benefits and necessity of proper dental care and periodic check-ups. I am declining to take my child at this time. *(Please sign below)*

Signature of Parent or Guardian *(only if declining at this time)*

Date

Do you need help finding a Dentist?

Centerville Pediatric Dentistry – 937.586.7729
Wright Smiles Pediatric Dentistry – 937.885.2222
Bellbrook Pediatric Dentistry - 937.848.4848