

**OCEANSIDE UNION FREE SCHOOL DISTRICT**

145 Merle Avenue, Oceanside, New York 11572-2206

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**DENTAL EXAMINATION FORM**

Child's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Dental Examination Date \_\_\_\_\_

Comments \_\_\_\_\_

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

Dentist Stamp