

**ALAMEDA UNIFIED SCHOOL DISTRICT
DENTIST'S REPORT TO SCHOOL**

Parents/Guardians:

Please take this form with you when your child sees the dentist, and return it to the Health Office Assistant at your child's school.

For Kindergarten - Completed exam is due to the school health office on or before May 31.

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To Be Completed by the Dentist

Student's Name: _____ Teacher/Grade _____

School: _____ Address: _____

- No dental treatment is necessary at this time.
- All necessary dental treatment has been completed.

The following problems were noted/treated:

- Dental caries – location: _____
- Possible gum problems
- Hygiene needs improving – Teeth need cleaning
- Orthodontic evaluation is recommended
- Other – Explanation: _____

Date of Dental Exam: _____

Dentist's Signature

Address and Phone Number