

INDIAN VALLEY LOCAL SCHOOL DISTRICT
OHIO SCHOOL HEALTH RECORD

DENTIST'S REPORT

The following services have been performed:

- Examination
- Diagnosis
- Radiographs
- Oral Prophylaxis
- Prescription for fluoride supplements
- Topical application of fluoride

The following oral hygiene instruction was provided:

- Tooth brushing
- Flossing
- Diet counseling reflecting relation of diet to dental health
- Home/school use of fluoride mouth rinse

The following statements are applicable:

- All necessary services have been performed
- No restorative services are required at this time
- Further treatment is indicated
- Further appointments have been arranged

COMMENTS: _____

PLEASE PRINT OR STAMP

Dentist's name _____
Address _____
Phone _____
Dentist's signature _____
Date signed _____

CHILD'S NAME _____ D.O.B. _____