

TO THE PARENT OR GUARDIAN

HAVE YOUR CHILD VISIT DENTIST AT LEAST ONCE EACH YEAR.

YOUR CHILD'S DENTIST CAN:

1. LOCATE TINY, HIDDEN OR UNSEEN CAVITIES, AND TREAT THEM BEFORE THEY BECOME BIG ONES.
2. DISCOVER INFLAMED GUMS.
3. EXAMINE FOR IRREGULARLY PLACED TEETH.

REGULAR DENTAL CARE, THE USE OF RIGHT KINDS OF FOODS, THE AVOIDANCE OF EXCESSIVE USE OF SWEETS, SUGAR, CANDY, AND SWEETENED DRINKS, THE BRUSHING OF TEETH AFTER MEALS OR RINSING THE MOUTH WHEN BRUSHING IS NOT POSSIBLE, WILL HELP YOUR CHILD'S TEETH.

HALF HOLLOW HILLS SCHOOLS

Towns of  
Huntington and Babylon

PUPIL DENTAL RECORD

THIS IS TO CERTIFY THAT \_\_\_\_\_

- IS UNDER MY CARE FOR DENTAL TREATMENT.  
 HAS COMPLETED DENTAL TREATMENT.  
 HAS HAD DENTAL EXAMINATION BUT NO TREATMENT IS REQUIRED.

\_\_\_\_\_  
DENTIST'S SIGNATURE

\_\_\_\_\_  
DATE

(TO BE SIGNED BY DENTIST AND RETURNED TO SCHOOL BY PUPIL)

TO THE DENTIST

THE LOCAL DENTAL SOCIETIES HAVE PASSED THE FOLLOWING RESOLUTION. YOUR COOPERATION IS ESSENTIAL FOR THE PROTECTION OF THIS CHILD.

"RESOLVED: THAT IN NO CIRCUMSTANCE SHOULD A CERTIFICATE OF COMPLETION BE GIVEN TO THE CHILD OR PARENT UNLESS THE DENTAL SERVICE HAS BEEN ACTUALLY COMPLETED".