

MILLER PLACE SCHOOL DISTRICT

DENTAL HYGIENE FORM

Student name: _____

School: _____ **Grade** _____

Dental care is an essential part of the total health program for your child. The school district urges you to have your child visit the dentist for an examination at a minimum of once yearly. Please have your family dentist check the appropriate box and return the form to the Health Office.

_____ Dental attention is being received.
Treatment to be completed on _____ (Date)

_____ Dental attention completed on _____ (Date)

_____ Under Orthodontic Treatment.

Special Notations:

Dentist Signature: _____

Date: _____