

SPRINGFIELD PUBLIC SCHOOLS
Springfield, New Jersey 07081

Dear Parent(s) / Guardian:

Our school has a health program that is designed to improve, protect, and promote the health of the child. Teeth are meant to last for a lifetime and proper daily care, diet, dental supervision and treatment can do much to accomplish this goal. It is important for children to have periodic examinations by a dentist throughout the school years, a time when primary teeth are being replaced with permanent teeth and when dental decay is extremely common.

In the interest of better dental health, would you please have your child take this form to your dentist at the time of their next appointment, ask your dentist to complete the form, and then return it to school to the Health Office.

Thank you for your cooperation in this matter.

REPORT OF DENTAL EXAMINATION

Name of student _____ Grade _____

This is to certify that I have examined the teeth of the above named student and

1. All necessary dental work has been completed _____
2. Treatment is in progress _____
3. No dental work is necessary _____

Further recommendations: _____

Signature of Dentist: _____ Date: _____

Please print (or stamp) name of Dentist: _____