

Dentist Report/School Health Record

School Nurse must have on file within 30 days of beginning school

School Student Attends: _____

**When completed, this form may be faxed directly to the building of attendance: Richfield: 330-659-6701
Bath Elem: 330-666-3058
Revere Middle School: 330-659-3795
Revere High School: 330-659-6407**

Child's Name	Birth date
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Parent / Guardian	Home phone number
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The following services have been performed:

<input type="checkbox"/> Examination	<input type="checkbox"/> Radiographs	<input type="checkbox"/> Prescription for fluoride supplements
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Oral prophylaxis	<input type="checkbox"/> Topical application of fluoride

The following oral hygiene instruction was provided:

<input type="checkbox"/> Tooth brushing	<input type="checkbox"/> Diet counseling reflecting relation of diet to dental health
<input type="checkbox"/> Flossing	<input type="checkbox"/> Home/school use of fluoride mouth rinse

The following statements are applicable:

<input type="checkbox"/> All necessary services have been performed	<input type="checkbox"/> Further treatment is indicated
<input type="checkbox"/> No restorative services are required at this time	<input type="checkbox"/> Further appointments have been arranged

Comments: _____

Please Print or Stamp:

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