

**NORTH ARLINGTON PUBLIC SCHOOLS
NORTH ARLINGTON, NJ**

REPORT OF DENTIST

Parents are urged to take their children to a dentist in order to detect and correct dental problems early. If this has been done, a statement from your dentist will help us complete our health records.

Student Name: _____

<u>Date of Birth</u>	<u>Grade</u>	<u>School</u>

I have examined _____ and have:
(Student's Name)

- Begun necessary dental care ☐
- Completed necessary dental care ☐
- Found no dental care necessary at this time ☐

Comments:

_____ _____
Date (Signature of Dentist)

Address: _____

Phone: _____