

**CHESTER UNION FREE SCHOOL DISTRICT
HEALTH OFFICE**

Chester Elementary School
2 Herbert Drive
Chester, New York 10918
(845) 469-2178 x2209
Fax: (845) 469-2170

Chester Academy
64 Hambletonian Ave
Chester, New York 10918
(845) 469-2231 x3315
Fax: (845) 469-6634

Dental Referral

Beginning September 2008, New York State Law requests that students enrolling in pre-kindergarten, kindergarten, 1st, 3rd, 5th, 7th, 9th and 11th grades in a public elementary school in this state to present a dental health certificate; such dental health certificate must contain a report of a comprehensive dental examination performed on such child.

Name _____ D.O.B _____

Grade _____ Teacher _____

Dear Parents: Students should have an examination and cleaning by your dentist every 6 months to prevent serious tooth decay. Please take this form to your dentist for completion, and return it to the health office.

Dear Dentist: After examining this student please check off one of the following:

- _____ Currently receiving dental services
- _____ Dental work is completed
- _____ No treatment required at this time
- _____ Return for cleaning/check-up every _____ months

Other Recommendations:

_____ Date _____

Signature of DDS/DMD/RDH

Printed or stamped name _____

Address _____

Telephone _____ Fax _____