SUFFOLK COUNTY SCHOOL EXAMINATION FORM (DENTAL)

TO BE SUBMITTED BY SEPTEMBER 30

ELWOOD UNION FREE SCHOOL DISTRICT
100 Kenneth Avenue
Greenlawn, New York 11740-2911

Dear Parents:

Maintaining a healthy mouth is an important part of a child's general health. Teeth that need treatment can cause a child to do school work inferior to his/her capabilities. A child's first teeth are important and should receive care as well as his/her permanent teeth. These temporary teeth maintain a space for the permanent teeth and help prevent malocclusion (crooked teeth).

Summer vacation is an excellent time to have dental work done. There is more time to make dental appointments and they do not interfere with the child's school work.

Please take your child to your family dentist for an oral examination and necessary treatment. This form should be completed by your dentist and returned to the school in the fall.

SCHOOL_____ DATE_____

GRADE_____ TEACHER_____

_____ has had his/her teeth examined by me and
Child's name

1) Has had all necessary dental work completed_____

2) Is under my care_____

3) Is not in need of dental work at this time_____

Comments_____

_____
Dentist's Name
(Please print or type)

_____
Dentist Signature

_____
Address