

Dentist Report

School Nurse must have on file within 30 days of student's first day of school

When completed: 1) Parent may upload to Final Forms (preferred method)

2) Dropped off to Main Office of School of Attendance

3) Faxed to the Main Office of School. Circle School: Richfield Elem: 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: ☐ Examination ☐ Radiographs ☐ Prescription for fluoride supplements ☐ Diagnosis ☐ Oral prophylaxis ☐ Topical application of fluoride
The following oral hygiene instruction was provided: ☐ Tooth brushing ☐ Diet counseling reflecting relation of diet to dental health ☐ Flossing ☐ Home/school use of fluoride mouth rinse
The following statements are applicable: ☐ All necessary services have been performed ☐ Further treatment is indicated ☐ No restorative services are required at this time ☐ Further appointments have been arranged
Comments: _____ _____ _____ _____

Please Print or Stamp:

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