



Health Office

Edgemont School District
Greenville School
Seely Place School
Scarsdale, New York 10583

Dental Form

Individualized Orders for: _____ D.O.B.: _____

Address: _____ Grade: _____

Please have this form completed by your family dentist at the time of your child's dental examination.

Dental Exam Date: _____

_____ Patient has been examined and requires no treatment at this time.

_____ Patient is under dental treatment at this time.

_____ Patient has completed all dental treatment.

Additional Remarks: _____

Dentist's Name: _____ Dentist's Signature: _____

Date: _____