

*South Country
Central School District
Brookhaven Elementary School*

Main Office #730-1700 Health Office #730-1710 Fax #286-6210

DENTAL FORM

Dear Parent/Guardian:

Maintaining a healthy mouth is an important part of a child's general health. Teeth that need treatment can cause a child to perform schoolwork inferior to her/his abilities. A child's first teeth are important and should receive care if needed, as well as her/his permanent teeth. This information will become a part of your child's permanent record.

Below is a form to be filled out by your dentist. Please return this form to the school nurse when completed.

Date _____

Grade _____ Teacher _____

_____ has had her/his teeth examined.

All necessary work **has** been cared for _____

All necessary work **is** being cared for _____

She/He is being advised to return in _____ months.

Dentist's Signature