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DENTAL HEALTH FORM

The New York State Department of Education requires that all children in registered nursery schools have an annual dental exam.

Child's name _____

Date of most recent exam _____

Findings: _____ No treatment is necessary.

 _____ Treatment is in progress.

 _____ Treatment is complete.

Dentist's Information:

Dentist's Name _____

 Address _____

 Phone number _____

Parent's Signature _____ Date _____