

# 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 \_\_\_\_\_