



PLEASE RETURN TO THE SCHOOL HEALTH CHAIRMAN

**To the parent:**

Our school has a health program that is designed to improve, protect, and promote the health of the child. As a part of this health program we strongly urge all parents to have their children visit their dentist at least once a year for a dental examination and whatever treatment may be necessary. In the interest of better dental health would you take your child to a dentist of your choice. When the examination and treatment are completed, this form should be returned to the school.

**DENTAL EXAMINATION AND TREATMENT FORM\***

This is to certify that I have examined the teeth of:

\_\_\_\_\_

- \_\_\_\_\_ 1. All necessary dental treatment has been completed.
- \_\_\_\_\_ 2. Treatment is in progress.
- \_\_\_\_\_ 3. No dental treatment is necessary at this time.

Further recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Dentist

\_\_\_\_\_  
Date

Please return this form to Evansville Lutheran School.