

2009-2010 School Year

Dear Parent/Guardian:

The Archdiocese of Baltimore requires that a dental exam form be on file for each student. In the interest of better dental health, families are strongly urged to have their child/children visit their dentist at least twice a year and for whatever treatment may be deemed necessary. Please have your child's dentist complete the following form after his/her next dental exam and return the form to the health room.

Thank you for your cooperation in this matter.

Sincerely,

Amanda Soares, RN
Karen Shouse, RN
School Nurses

Report of Dental Exam

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

- All necessary dental work has been completed.
- Treatment is in progress.
- No dental work is necessary.

Further recommendations: _____

Signature of Dentist

D.D.S.

Date

Name (Please print or type)

Address

City and State

Telephone Number