## Nanuet Public Schools

## **DENTAL FORM**

Student's Name			
DOB Sex			
School	Grade		
REPORT OF DE	NTAL EX	AMINATION	
This is to certify that I have examined the teeth of the abo	ove-named s	tudent and I find:	
Oral hygiene is (circle one):	Good	Fair	Ро
Number of teeth filled			
Number of teeth extracted			
All necessary dental work has been completed	No	Yes	
Treatment is in progress	No	Yes	
Dental work is necessary	No	Yes	
Is child under regular dental supervision?	No	Yes	
Is orthodontic treatment recommended?	No	Yes	
REMARKS			
Dentist's Signature			
Office Address			
Date Phone #		Fax :	#

Under New York State law, public schools are required to request that students enrolled in kindergarten, second, fourth, seventh and tenth grades, as well as students who are new to the district, present a dental health certificate. You may use the form on the reverse of this letter, or one which your dentist provides.