

REPORT OF SCHOOL DENTAL EXAMINATION

This is to certify that I have examined the teeth of

Name _____ Grade _____

- No dental treatment is necessary.
- Treatment has been recommended.
- Treatment is in progress.
- Treatment completed.

Further recommendations or comments: _____

Date _____ Signature of Family Dentist _____

PLEASE RETURN THIS CARD TO THE TEACHER WITHIN 60 DAYS OR

BEFORE _____ S. H. 21 '71
Date (over)

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DENTAL REFERRAL CARD

TO THE PARENT: Our school has a health program that is designed to improve, protect and promote the health of the child. As 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 then have your child take this card to a dentist of your choice. When the examination is completed, the card should be returned to the school.

Principal

EARLY AND REGULAR DENTAL CARE IS LESS
COSTLY THAN CARE AFTER LONG NEGLECT

This notice is sent to you in compliance with Title 16, Chapter 21,
General Laws, 1956.

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