

## Dental Form

The New York State Department of Education requires that all children in registered Pre-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 \_\_\_\_\_