

HERRICKS UNION FREE SCHOOL DISTRICT  
NEW HYDE PARK, N.Y. 11040

DENTAL FORM

Dear 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, please have your child take this form to a dentist of your choice and return it to school before October 18th.

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REPORT OF DENTAL EXAMINATION

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

Name: \_\_\_\_\_  
(Last Name) (First) (Grade)

\_\_\_\_\_  
(School) (Home Room Teacher)

Please check one of the following statements:

- All necessary dental treatment has been completed at this time.
- Treatment is in progress.
- No dental treatment is necessary at this time.

Further Recommendations:

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

Dentist: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print and Sign Name)

PLEASE RETURN THIS FORM TO THE HEALTH OFFICE