



*Education for today..... and tomorrow*

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F A R M I N G D A L E P U B L I C S C H O O L S

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## DISTRICT HEALTH SERVICES

To: Parent/Guardian:

As part of our school health program, we attempt to stimulate good dental health habits among the students. Regular visits to the dentist constitute an essential part of this program.

Please have the dentist complete the form below and return it to the school nurse. Thank you.

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**DENTAL HEALTH CERTIFICATE-TO BE COMPLETED BY DENTIST**

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Dental care was started on: \_\_\_\_\_ (date)

No treatment necessary at present: \_\_\_\_\_ (date)

\_\_\_\_\_  
(Dentist's signature)

\_\_\_\_\_  
(Address)