

WALWORTH COUNTY DENTAL HEALTH PROGRAM

FOR PARENTS:

Name _____

Address _____

Grade _____

Phone _____

To Parents or Guardian:

Teeth are important to your child's health, comfort, behavior, progress in school and personal appearance. To safeguard these things, we advise you to take your child to your family dentist for an examination and whatever dental care is necessary. PLEASE RETURN COMPLETED FORM TO THE SCHOOL OFFICE.

FOR DENTIST:

I have examined the teeth of the above child and find no fillings, extractions or cleaning needed.

Dentist: _____

Date: _____

Doctors: PLEASE DO NOT SIGN THIS CARD UNLESS
NECESSARY WORK IS ACTUALLY COMPLETED.

I have completed the necessary dental work.

Dentist: _____

Date: _____