

**EAST HILLS SCHOOL  
LOCUST LANE  
ROSLYN HEIGHTS, NY 11577**

**DENTAL FORM**

To the Parent or Guardian:

Due to the rapidity of dental decay, your child must see his dentist regularly. This will check decay before it becomes extensive. The New York State Education Law requires an annual dental examination and a record filed for each child in the school. At the end of the school year a report must be sent to the State Education Department.

Your child must be examined by a dentist. You will then have an opportunity to discuss with him/her any particular question or problem. Please ask your dentist to fill in the attached form and return it to the school which your child attends.

Please return this form as soon as possible.

**HEALTH SERVICES**

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RETURN THIS FORM to the HEALTH OFFICE  
in your child's school

\_\_\_\_\_ Date

\_\_\_\_\_ Child's Name

\_\_\_\_\_ Grade

\_\_\_\_\_ Home Address

- \_\_\_\_\_ Dental attention is being received.
- \_\_\_\_\_ Dental attention has been completed.
- \_\_\_\_\_ Caries
- \_\_\_\_\_ Clean
- \_\_\_\_\_ Defects
- \_\_\_\_\_ Braces
- \_\_\_\_\_ Comments

\_\_\_\_\_ Dentist's Signature

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Number