



Dental Health Form

HEALTH SERVICES

Date: ____/____/____

Dear Parents/Guardian:

Our school health program is designed to improve, protect, and promote the health of students. As a part of this program, we strongly urge families to have children visit their dentist a least once a year for a dental examination and any care that may be needed. In the interest of better dental health, please have your dentist examine your child and complete this form. Please return the completed form to the health room at your child's school.

Help in locating a dentist may be obtained by contacting the Maryland State Dental Association at 410-964-2800 (www.msda.com).

Help in obtaining health care insurance that includes dental care may be available. For more information on Maryland Children's Health Program, call the Howard County Health Department, 410-313-6300 or 410-313-7500.

Thank you for your cooperation.

Sincerely,

Nurse/Health Assistant _____

School _____

Report of Dental Examination

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

- ☐ All necessary dental work has been completed.
- ☐ Treatment is in progress.
- ☐ No dental work is necessary.

Further recommendations _____

Dentist signature _____ Date ____/____/____

Please return to the Health Room at your child's school.

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