

East Greenbush Central School District

Dental Certificate

Name of student _____ Grade _____

To Parent or Guardian: Your child must receive a comprehensive dental examination upon entering Kindergarten or First grade. This certificate is a report of that exam. Please have your child's dentist complete this report and return to school promptly.

 Teeth in good repair One or more dental caries Malocclusion.

What treatment/s did you perform? _____

Did you complete treatment today? Yes No

Anything we should be aware of? _____

Dentist's Signature _____ Date of Exam _____

Print Name or Stamp: _____

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