

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:
