



Take This Form to the Dentist

For Official Use Only		
Student's Last Name	Student's First Name	Birth Date (MM/DD/YYYY) ____/____/____
District Borough Number (Example: 12M345)		Office of Student Information Systems Number (OSIS)

1. Parents or Guardians:

Your child had a dental exam at school on ___/___/___ and needs additional dental care. Please take this form to your child's dentist. If you need help getting dental insurance, talk to your school's parent coordinator or call 311.

- URGENT DENTAL TREATMENT NEEDED**
Take your child to the dentist within the next seven days.
- NON-URGENT DENTAL TREATMENT NEEDED**
Make sure your child sees a dentist within the next 30 days. You can either:
- Take your child to see a dentist in your community.
- OR--
- Have your child get dental care at school. See attached information.

2. Dentist:

A. Complete and sign the box below

<input type="checkbox"/> No treatment is necessary
<input type="checkbox"/> Treatment is in progress
<input type="checkbox"/> Treatment is complete
Dentist's Name (Print): _____ Phone: _____ - _____ - _____
Address: _____ City: _____ State: _____ ZIP: _____
Dentist's Signature: _____ Date: _____

B. Fax this form to the School-Based Dental Provider:

Name: _____

Fax Number: _____