Take This Form to the Dentist

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**

   - □ No treatment is necessary
   - □ Treatment is in progress
   - □ 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: ____________________