INDEPENDENCE PUBLIC SCHOOL
DENTAL HEALTH FORM

Child’s Name___________________________________________________________

Address______________________________________________________________Phone____________________
Teacher_____________________________________________________________Grade____________________

To the Parent or Guardian:

A child’s teeth should last a lifetime. Maintenance of dental health calls for good prevention practices. The American Dental Association recommends daily brushing and flossing, limiting intake of sweets, and checkups at the dentist’s office every six months.

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For the Dentist:

A. I have examined the teeth of the above child and found no fillings, extractions or cleanings needed.

B. I have completed the necessary dental work for this child.

C. Recommendations:_______________________________________________________________________________________________________

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Date__________________________Signed_______________________________________________