

DENTAL HEALTH FORM

Northern Wells Community Schools
Ossian, Indiana 46777

Good oral health and healthy teeth are important to the growing child. Proper growth and alignment of teeth affect a child's speech habits and the future permanent mouth structure. It is recommended that children receive a dental checkup prior to their enrollment in the kindergarten program. At the time of examination, please ask your dentist to complete this statement, and return it to Lancaster Elementary School. This form should be returned as soon as possible.

Students Name _____

Examined: _____ **yes** _____ **no**

Cleaned: _____ **yes** _____ **no**

X-Rayed: _____ **yes** _____ **no**

Fluoride Treatment: _____ **yes** _____ **no**

General Condition of the teeth and gums: _____

Recommendations:

Date: _____ **Dentist's Signature** _____
Dentist's Printed Name _____