



TOWN OF AGAWAM

Date _____

HEALTH DEPARTMENT/SCHOOL NURSE DIVISION

Re: _____ Grade _____
Student's Name

School: _____ Tel. _____

DENTAL EXAMINATION REQUEST

Has your child had a dental examination by your family dentist within the last six months? If not will you arrange for such an examination as soon as possible? In either case, please have the dentist fill in and sign below, then return this sheet to the school nurse.

This is to certify that I examined and found the condition check below:

- _____ No dental defects.
- _____ Dental defects which were present have been completely cared for.
- _____ Treatment has been started.
- _____ Treatment is needed but no provision is made for it.

Date _____

Signature of Dentist

It is not possible to take my child to the family dentist for an examination.

Parent or Guardian