

Lincoln-Lancaster County Health Department Dental Division

Dear Parent or Guardian:

Our school health program promotes overall health and well-being. As part of that program, we encourage parents to take their children in for regular dental examinations. If any dental care is needed, we urge you to have the necessary work completed and the treatment scheduled. Have your dentist sign the form and return it to school; it will become a part of your child's permanent health record. If the form is returned by the specified date the child will not be required to have the school dental inspection.

Report of Dental Examination

This is to certify that I have thoroughly examined the teeth of (full name of patient):

- ☐ No dental treatment is necessary at this time.
- ☐ All necessary dental treatment has been completed.
- ☐ Dental treatment is scheduled.

Further recommendations: _____

Date: _____ Signature of Dentist: _____

Please return this form as soon as possible. Students who return signed forms by their dentist within the current school will be exempt from the school inspection.