

**Berlin Area School District
Kindergarten Students
Dental Health Form**

Date: _____

Name of Student: _____

Name of Parents: _____

Name of Dentist: _____

Address of Dentist: _____

Dentist phone number: _____

For the Dentist:

I have performed a dental examination for the above named student and:

- ___ All necessary dental work has been completed
- ___ Treatment is in progress
- ___ No dental work is necessary
- ___ Dental treatment is necessary but no plans for corrections have been made

Remarks: _____

Date: _____

Signed: _____

Dentist signature

*****~OR~*****

A dental appointment has been made for _____ on _____ at _____ with Dr. _____.

Signed: _____

Date: _____

Parent or Guardian signature