

BALTIMORE COUNTY DEPARTMENT OF HEALTH
DIVISION OF SCHOOL HEALTH

SCHOOL DENTAL HEALTH RECORD

NAME OF STUDENT _____ DATE _____

NAME OF SCHOOL _____ AGE _____

SCHOOL NURSE _____ GRADE _____

ALL STUDENTS CAN ACHIEVE A HEALTHY MOUTH, PROVIDED THEY PRACTICE PROTECTIVE HEALTH HABITS FROM CHILDHOOD AND HAVE THE OPPORTUNITY TO BENEFIT FROM PRESENT-DAY KNOWLEDGE OF DENTAL DISEASE PREVENTION AND CONTROL. IF YOUR CHILD HAS NOT VISITED YOUR FAMILY DENTIST WITHIN THE LAST SIX MONTHS, WE ADVISE YOU TO MAKE AN APPOINTMENT IMMEDIATELY. AFTER THE DENTAL APPOINTMENT, THE SIGNED FORM SHOULD BE RETURNED TO THE SCHOOL YOUR CHILD WILL BE ATTENDING.

REPORT OF DENTAL EXAMINATION:

- A. NO DENTAL TREATMENT IS NECESSARY
- B. ALL NECESSARY DENTAL TREATMENT HAS BEEN COMPLETED
- C. TREATMENT IS IN PROGRESS

FURTHER RECOMMENDATIONS _____

SIGNATURE OF DENTIST

DATE _____

NAME (PLEASE PRINT OR TYPE)

ADDRESS

PHONE