



Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

A comprehensive dental examination was performed on the above named student.

Dental work completed: \_\_\_\_\_

Under treatment: \_\_\_\_\_

No further treatment necessary: \_\_\_\_\_

Date: \_\_\_\_\_

Dentist's address and phone: \_\_\_\_\_  
\_\_\_\_\_

Dentist's printed name and signature: \_\_\_\_\_  
\_\_\_\_\_

New York State Education Department requires proof of a comprehensive dental exam upon entrance to the school district. The school district strongly recommends a full dental examination upon entrance or in grades K, 2, 4, 7, 10.

It is required that this form be completed and submitted to the school nurse within 30 days of the entrance to school.

If you need assistance in locating dental services, there is a list on the reverse side of this form that may be helpful to you. Dental services offered by these providers are either free or reduced, and accept most insurances, including Medicaid. Please address your specific concerns with the providers prior to your appointment. If you would like additional information or assistance in finding a dentist, the contact information for The Eighth Dental Society is also listed.

Thank you for your cooperation.