

**INSTRUCTIONS:** School health professionals review student health information, including dental health, when students enroll in school. When health problems are identified, school health professionals assist students and parents/guardians in accessing appropriate health services, including dental care.

Please complete Section I of this form and ask your child's dentist or dental hygienist to complete and sign Section II of this form. Return the completed form to the health room at your child's school.

Help in locating a dentist/dental hygienist may be obtained by contacting the Maryland State Dental Association at [www.msda.com](http://www.msda.com). If you do not have access to dental care, please contact the school nurse in your child's school.

**SECTION I: To be completed by Parent/Guardian**

Name of Student	Student ID	
Name of School	Date of Birth	Grade

**SECTION II: To be completed by the Dental office.**

This is to certify that I have examined the teeth of \_\_\_\_\_

*and:*

- All necessary dental work has been completed.
- Treatment is in progress.
- No dental work is necessary.
- Dental fluoride was applied:  Yes  No

Date of last preventive visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Further recommendations \_\_\_\_\_

\_\_\_\_\_

Name of Dentist/Dental Hygienist	Telephone
Signature of Dentist/Dental Hygienist	Date Signed
Address	Fax Number

**PLEASE RETURN THIS FORM TO THE HEALTH ROOM AT YOUR CHILD'S SCHOOL.**