

MIDDLESEX REGIONAL EDUCATIONAL SERVICES COMMISSION

**DENTAL FORM**

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent/Guardian:

The school health policy recommends an annual dental examination by your family dentist for each child enrolled in Noor-Ul-Iman School.

**The form below is to be completed.** If your child has had an examination in the last six (6) months, please have the dentist complete this form.

Please return this form to the school nurse as soon as possible following your child's dental examination.

If there is any reason why you cannot have a dental examination done, please call me at (732) 329- 1800 ext. 207.

Thank you,  
School Nurse



I have examined \_\_\_\_\_ on \_\_\_\_\_.  
*Student Name* *Date*

\_\_\_ 1. There is no need for corrective work at this time.

\_\_\_ 2. Treatment has been completed.

\_\_\_ 3. There is need for dental care at this time.

Has an appointment been scheduled? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
*Dentist's Signature* *Date*

Printed Name and Address of Dentist: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_