

**DENTAL HEALTH REFERRAL CARD
A PROGRAM TO PROMOTE
BETTER DENTAL HEALTH OF SCHOOL CHILDREN**

**FOR
STUDENTS
(Section I)**

Pupil's Name _____ Grade _____ Age _____

School _____ Town _____ County _____

To Parent or Guardian:

Your child's health, comfort, happiness, progress in school and personal appearance may be seriously affected by neglecting his/her teeth. Three kinds of care are necessary to protect your child's dental health: adequate nutrition, mouth cleanliness, and regular supervision by the dentist. Part of our school health program is to promote better dental health. The school and your family dentist can assist you in this responsibility if you will take your child and this form to your family dentist for an examination and explanation of our child's Dental needs. THIS FORM SHOULD BE SIGNED BY THE DENTIST AND RETURNED TO THE TEACHER OR OFFICE BY YOUR CHILD.

**FOR
DENTIST
(SECTION II)**

A. I have examined the teeth of the above student and find no restorations, extractions, or cleaning needed.

B. I have completed the necessary dental work for the student. _____

C. I am treating the student at the present time. _____

Date _____ Signature _____ D.D.S.