

Dentist Report/School Health Record

School: Hillcrest Elementary

***School Nurse must have on file within 30 days of beginning school.**

Upon completion, Form may be faxed to **330-659-6701** (Hillcrest Elementary School Nurse)

Child's Name	Birth date
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Parent / Guardian	Home phone number
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Dentist's Report

The following services have been performed: <input type="checkbox"/> Examination <input type="checkbox"/> Radiographs <input type="checkbox"/> Prescription for fluoride supplements <input type="checkbox"/> Diagnosis <input type="checkbox"/> Oral prophylaxis <input type="checkbox"/> Topical application of fluoride
The following oral hygiene instruction was provided: <input type="checkbox"/> Tooth brushing <input type="checkbox"/> Diet counseling reflecting relation of diet to dental health <input type="checkbox"/> Flossing <input type="checkbox"/> Home/school use of fluoride mouth rinse
The following statements are applicable: <input type="checkbox"/> All necessary services have been performed <input type="checkbox"/> Further treatment is indicated <input type="checkbox"/> No restorative services are required at this time <input type="checkbox"/> Further appointments have been arranged
Comments: _____ _____ _____ _____

Please Print or Stamp:

Dentist's name	Dentist's signature
Address	Date signed
Phone	