



SCHOOL DISTRICT OF CADOTT COMMUNITY

Dental Examination Record

(Note: This is not necessary for 5K if it has already been completed for 4K.)

Dental Care Provider: please fax (715) 289-3017 to school before Sept. 1 of this year.

Dear Parent/Guardian:

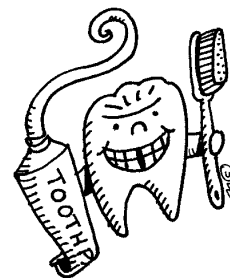
Healthy teeth are important to your child's well being.

We advise you to take your child to your family dentist for an examination and whatever dental care is necessary. Please have your dentist complete this form by September 1st.

Contact me if you have any questions or concerns.

Thank you.

Jessica Hager, RN, BSN
School Nurse
(715) 289-3795, X1503
hagerj@cadott.k12.wi.us



Student _____ **Parent/Guardian** _____

Dentist _____ **Phone Number** _____
(Please print name)

I have examined this child's teeth and:

No concerns, routine follow-up in 6 months

Corrective work has been started and/or completed.
(Circle: fillings extractions)

Dentist Signature/Date