



RECORD OF DENTAL TREATMENT

The New York Education Department requires that all children three years of age and older have a yearly dental examination. Please visit a dentist with your child and return this form to the nursery school office. Thank you in advance.

Child's Name _____

Address _____

The above named child has been seen by me and the following applies:

_____ Treatment is completed

_____ Treatment is under progress

Name of Dentist _____

Address _____

Telephone _____

Signature of Dentist _____

Date _____