

UNIONDALE UNION FREE SCHOOL DISTRICT

933 Goodrich Street

Uniondale, NY 11553

DENTAL CERTIFICATE

Student _____ Date _____

TO THE PARENT OR GUARDIAN:

Annual dental examinations are recommended.

- Under treatment: All necessary steps are being taken to correct dental defects.
- All dental defects have been corrected.
- Fluoride treatment given.

Dentist Signature _____ Date _____

Please return to Health Office