

**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**