

_____ SCHOOL
UNIONDALE UNION FREE SCHOOL DISTRICT
Uniondale, N.Y.

Student _____ Date _____

TO THE PARENT OR GUARDIAN:

Annual dental examinations are recommended. Please indicate in the spaces below the dental status of your child.

Under treatment: All necessary steps are being taken to correct dental defects.

All dental defects have been corrected.

Flouride treatment given.

Date _____ Dentist Signature _____

Please return to Health Office