

**Lincoln-Lancaster County Health Department
DENTAL DIVISION**

Dear Parent or Guardian:

Our school health program promotes overall health and well being. As part of that program, we encourage parents to take their children in for regular dental examinations. If any dental care is needed, we urge you to have the necessary work completed and the treatment scheduled. Have your Dentist sign the card and return it to school, it will become a part of your child's permanent health record. If the card is returned by the specified date the child will not be required to have the school dental inspection.

REPORT OF DENTAL EXAMINATION

This is to certify that I have thoroughly examined the teeth of

(Full Name of Patient)

_____ No dental treatment is necessary at this time.

_____ All necessary dental treatment has been completed.

_____ Dental treatment is scheduled.

Further recommendations: _____

Date

Signature of Dentist

Please return this card as soon as possible. Students who return signed cards by their dentist within the current school year will be exempt from participation in the school inspection.