Dayton Public Schools
OFFICE OF THE SCHOOL NURSE

_____ _____
Room # **Teacher**

Student's Name: _____

Dear Parent/Legal Guardian:

Your child has received a routine dental screening from the school nurse. Findings indicate that it is advisable for the above-named student to be seen by a dentist. Please have your dentist complete the **DENTIST'S REPORT**, and return it to the school nurse **promptly**.

DENTIST'S REPORT

The following services were performed:	**The following oral hygiene instruction was provided.**
☐ Examination	☐ Toothbrushing
☐ Diagnosis	☐ Flossing
☐ Radiographs	☐ Diet counseling reflecting relation of diet to dental health
☐ Oral prophylaxis	☐ Home/school use of fluoride mouth rinse
☐ Prescription of fluoride supplements	
☐ Topical application of fluoride	
☐ Dental Extraction/Repair	
Please check all that apply:	
☐ All necessary services have been performed.	
☐ Further treatment is indicated.	
☐ Further appointments have been arranged.	

Comments: _____
_____

PLEASE PRINT OR STAMP

DENTIST'S NAME: _____
ADDRESS: _____
TELEPHONE: _____

_____
SIGNATURE OF DENTIST DATE

Health Services 1/25/07