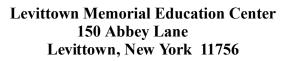


LEVITTOWN PUBLIC SCHOOLS





DENTAL

Dear Parents

We strongly urge you to make an appointment with your dentist. If your child has received treatment, please have this form completed by the dentist and **return it to your child's school nurse.**

LEVITTOWN PUBLIC SCHOOLS – DIVISION OF HEALTH SERVICES STUDENT ANNUAL DENTAL EXAMINATION REPORT (to be completed by Dentist)

 The occlusion was found to be: Faulty Good Is child receiving orthodontia: Yes No Is orthodontia recommended: Yes No 	ompleted	Under treatment	Does not need treatment
3. Is orthodontia recommended: Yes No			
	2.	Is child receiving orthodontia: Yes	No
	3.	Is orthodontia recommended: Yes	No
4. Remarks:	4.	Remarks:	