



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Ms. Michele Ortiz, **Curriculum Associate**
 Office of Assessments, Data, ENL
 516-434-7055
 Central Registration

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)

Student Name: _____ Grade: _____ School: _____

The above child has had his/her teeth examined and the necessary work is:

Completed _____ Under treatment _____ Does not need treatment _____

1. The occlusion was found to be: Faulty _____ Good _____
2. Is child receiving orthodontia: Yes _____ No _____
3. Is orthodontia recommended: Yes _____ No _____
4. Remarks: _____

 Dentist's Signature

 Dentist's Stamp

 Date