



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



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 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