



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



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