

**Edgemont School District
Greenville and Seely Place Elementary Schools
Health Office
Dental Form**

Name of student: _____

Address: _____

Grade: _____

Please have this form completed by your family dentist at the time of your child's dental examination.

_____ Patient has been examined and requires no treatment at this time.

_____ Patient is under dental treatment at this time.

_____ Patient has completed all dental treatment.

Additional Remarks

Date: _____

Dentist's Signature: _____