

TO BE COMPLETED BY YOUR CHILD'S DENTAL PRACTITIONER

Report of Dental Examination: 2020-2021

A yearly report of a dental exam is required by The Department of Education.

Please check one: **Walden School** **or** **Marie Philip School**

This is to certify that on _____ I have examined the teeth of:
Date

Student name

D.O.B.

- No dental treatment is necessary.
- Treatment has been recommended.
- Treatment is in progress.
- Treatment completed.

Recommendations/Comments: _____

Next scheduled visit: _____

Dentist Signature

Date

PLEASE RETURN THIS FORM TO:

THE LEARNING CENTER FOR THE DEAF NURSING OFFICE
Fax: (508) 872-7191

848 Central Street, Framingham MA 01701