

**SWANSEA SCHOOL HEALTH SERVICES**

Dear Parent,

Please have the dental exam form completed by your child's family dentist and return to me at the health office. We will offer dental exams in February by a local dentist here at the school for those children who have not returned forms. However, the exam is only a screening and will not take the place of a regular office visit. Also due to the very limited time the dentist will be here at the school we ask that you try and have your child seen by his/her regular dentist and have this form completed.

Sincerely,

Your School Nurses

**REPORT OF DENTAL EXAMINATION**

**This is to certify that I have examined the teeth of :**

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**and**

- 1. All Necessary dental work had been completed.**
- 2. Treatment in progress.**
- 3. No treatment is necessary.**

**Further recommendations:**

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**Date \_\_\_\_\_ Family Dentist**

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