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HS0061
Rev. 1/16

REPORT OF DENTAL EXAMINATION

Health Services Department Lincoln Public Schools

This is to certify that I have thoroughly examined the teeth of

(Full Name)

- All necessary dental work has been completed.
- No dental work is necessary at this time.
- Treatment is scheduled.

Further recommendations _____

Date

Signature of Dentist

Please return this form to the school after your child's visit to the dentist. Forms returned with signature of dentist within the current year prior to the school dental inspection exempts the child from the school dental inspection.

This form was prepared by the Lincoln Public Schools in cooperation with the Lincoln District Dental Society.