



**HEALTH SERVICES
DENTAL HEALTH FORM**

Dear Parent/Guardian:

Our school health program is designed to improve, protect, and promote the health of students. As a part of this program, we strongly urge families to have children visit their dentist at least once a year for a dental examination and any care that may be needed. In the interest of better dental health, please have your dentist examine your child and complete this form. Please return the completed form to the health room at your child's school.

Help in locating a dentist may be obtained by contacting the Maryland State Dental Association at 410-964-2800 (www.msda.com).

Help in obtaining health care insurance that includes dental care may be available. For more information on the Maryland Children's Health Program, call the Howard County Health Department at 410-313-6300 or 410-313-7500.

Thank you for your cooperation.

Sincerely,

Name Title

School

REPORT OF DENTAL EXAM

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

No dental work is necessary Treatment is in progress Dental work has been completed

Recommendations: _____

Dentist Signature

Date