



HARFORD COUNTY PUBLIC SCHOOLS
DENTIST'S REPORT

Name of Student

Date of Birth

Grade

Dental examination on _____ shows:

(Date)

Teeth and gums are in good condition

Student needs the following treatment:

Prophylaxis (fluoride)

Fillings

Extractions

Other

Student receiving treatment now:

Prophylaxis (fluoride)

Fillings

Extractions

Other

Dentist (DDS) Signature

Dentist Name (Printed)

PLEASE RETURN TO YOUR STUDENT'S SCHOOL NURSE

1709200
7/13



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