

Dental Form
WYANDANCH UNION FREE SCHOOL DISTRICT
LAFRANCIS HARDIMAN ELEMENTARY SCHOOL
792 MOUNT AVENUE
WYANDANCH, NEW YORK 11798

To the Dentist:

Please complete the appropriate sections of the form below and give it to the parent to be returned to the La Francis Hardiman Pre-K.

Complete Part I after the first visit.
Complete Part II at the end of the required treatment.

La Francis Hardiman Pre-Kindergarten Program

Child's Name _____
Part II

Required dental treatment has been completed

Date: _____
Signature of Dentist _____

Part I

Child's Name _____

- Child examined and no treatment needed.
- Prophylaxis and fluoride treatment given.
- Further treatment needed. Approximate number of visits _____

Date of Examination _____

Doctor's Signature

FORM MUST BE STAMPED by PHYSICIAN