

**WEST RIDGE ELEMENTARY SCHOOL
PARK RIDGE, NJ 07656**

Dear Parents:

As part of our Health Program, we strongly urge all parents to have their children visit their Dentist at least once a year for a Dental Examination.

Please have your dentist complete this form at the time of your child's next dental visit.

_____ had a dental examination on _____
Name Date

and all necessary dental work has been completed.

_____ treatment is in progress.

_____ no dental work is necessary.

Comments: _____

Date: _____
Name of Dentist

Please return this form to the School Nurse.