

MILLBURN TOWNSHIP PUBLIC SCHOOLS
MILLBURN, NEW JERSEY

REPORT OF DENTAL EXAMINATION

PUPIL'S NAME _____

SCHOOL _____ GRADE _____ HOMEROOM _____
TEACHER _____

To Parents and Guardians:

In compliance with Millburn School Health Policy, **all students entering Pre-K, Kindergarten, or New Students** should receive a dental examination by their family dentist. This office examination using proper lighting and equipment is essential to a thorough analysis of dental needs. Please take your child to your dentist, have this card completed, and return it to the school nurse within **one month** of entering school.

TO THE DENTIST: (Please indicate your findings)

1. Teeth in good condition
2. Treatment needed
3. Treatment is in progress
4. Orthodontia

Dentist _____ Date _____

DENTIST'S STAMP