



Note: A Licensed Dentist must complete for ALL STUDENTS.



**Dental Health Form**  
Landmark School  
Health Center

**Directions:** This form must be completed by a licensed dentist for all students between May 1<sup>st</sup> and when your child enters school.

**Date:** \_\_\_\_\_

**This will certify that:** \_\_\_\_\_  
Student Name

**Son/daughter/ward of:** \_\_\_\_\_  
Parent/Guardian Name & Address

**was last examined by me on:** \_\_\_\_\_  
Date

- ( ) He/she has had all dental work done that is necessary at this time and his/her dental health is good.
- ( ) He/she is receiving dental care from this office.
- ( ) He/she has a condition which may need attention, and we note or recommend the following:

**Dentist Signature:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Telephone:** \_\_\_\_\_