



## Dental Health Form

**A new complete Dental Exam is required each academic year  
for both day and residential students**

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

**Son/daughter/ward of** \_\_\_\_\_  
Parent/Guardian Name

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

**Office Phone** \_\_\_\_\_

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

\_\_\_\_\_

*Submit via email, mail or fax:*

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