Dear Parent/Guardian:

New York State has passed a law requiring schools to request Dental Certificates for the following grades: Kindergarten, 2nd, 4th, 7th & 10th, as well as new students entering into a district. Please have your child’s dentist complete the bottom of this letter and return it to the Health Office as soon as possible.

Should you have any questions, do not hesitate to call the Health Office at 631-737-1492.

Or fax to 631-588-0016.

Thank you.

Stephanie C Moore, RN

School Nurse

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

**PLEASE RETURN TO HEALTH OFFICE**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete dental examination on: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_. Treatment needed \_\_\_\_yes \_\_\_\_\_no

Recommendations/Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examiner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Stamp:  ****