



SAINT MARGARET SCHOOL

SCHOOL DENTAL HEALTH RECORD

Elementary School Campus
Campus
205 Hickory Avenue
Bel Air, MD 21014
Phone: 410-879-1113
410-838-8713
FAX: 410-838-5879

Middle School
1716 A Churchville Road
Bel Air, MD 21015
Phone: 410-877-9660
410-420-9320
FAX: 410-420-9322

Name of student: _____ Grade: _____

All students can achieve a healthy mouth, provided they practice protective health habits from childhood and have the opportunity to benefit from present day knowledge of dental disease prevention and control. Your child needs to visit a dentist before starting kindergarten. Please have your dentist fill this form out and it MUST BE RETURNED TO THE HEALTH ROOM TO BE FILED IN YOUR CHILD'S HEALTH RECORD.

Date of Dental Exam: _____

Teeth and gums are in good condition: _____

Child needs the following treatments:

- ___ Prophylaxis (fluoride)
___ Fillings
___ Extractions
___ Other _____

Child is receiving treatment now:

- ___ Prophylaxis (fluoride)
___ Fillings
___ Extractions
___ Other _____

FURTHER RECOMMENDATIONS: _____

_____ D.D.S.

Date: _____
Signature of Dentist

Name (Please type or print)

Address

City & State

Telephone Number