OFFICE OF THE SCHOOL NURSE

River View Local School District

26546 SR 60 N – WARSAW, OH 43844-9725
PHONE: (740) 824-3523 ext: 1305
FAX: (740) 824-5241
e-mail: kayla.davis@rvbears.org

To assure that your child has a healthy start in school, a dental check-up is *encouraged.* When your child has this check-up, please have the examiner complete this form and return it to school.

STUDENT_____ DATE OF BIRTH_____
Last first middle initial

DATE OF EXAM: _____

The following services have been performed:

_____Examination
_____Radiographics
_____Oral Prophylaxis _____Fluoride Treatment
_____Sealants
_____Restorations

The following oral hygiene instruction was provided:

_____Tooth brushing
_____Flossing
_____Diet counseling reflecting relation of diet to dental health
_____Home/school use of fluoride

The following statements apply:

_____All necessary services have been performed.
_____No restorative services are required at this time.
_____Further treatment is indicated.
_____Future appointments have been arranged.

Comments: _____

_____

Office Name and Stamp Here
(or complete information below)

_____
Signature of Examining Dentist Date

_____ _____ _____
Printed Name of Dentist Telephone Number FAX

_____
Street Address City State Zip Code

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