NORTH ARLINGTON PUBLIC SCHOOLS
NORTH ARLINGTON, NJ

REPORT OF DENTIST

Parents are urged to take their children to a dentist in order to detect and correct dental problems early. If this has been done, a statement from your dentist will help us complete our health records.

Student Name: _____

Date of Birth	Grade	School

I have examined _____ and have:
(Student's Name)

- **Begun necessary dental care** ☐
- **Completed necessary dental care** ☐
- **Found no dental care necessary at this time** ☐

Comments:

_____
_____
_____

_____ _____
Date (Signature of Dentist)

Address: _____
_____
Phone: _____

Co 3/14