

Gloucester Schools
DENTAL EXAMINATION REQUEST

Student's Name _____

School _____

Date _____

It is required by the Gloucester Public Schools that all children entering school must have been seen by a dentist within the past six months. Please have your child's dentist fill in and sign the form below. Please return this card to school before your child enters school.

This is to certify that I have examined and found the condition checked below.

- No dental defects
- Dental defects that were present have been completely treated.
- Treatment has been started.
- Treatment is needed but no provision is made for it.

Dentist's Signature

Date