

Oyster Bay-East Norwich Central School District

HEALTH OFFICE NOTICE  
DENTAL

Dear Parent/Guardian,

New York State requires a dental exam for all students in Pre-K or K, and grades 2, 4, 7 & 10. Please have your dentist complete this form and return it to the school nurse after your child's next dental appointment.

El estado de Nueva York requiere un examen dental para todos los estudiantes de Pre-K or K y los grados 2, 4, 7 y 10. Haga que su dentista complete este formulario y devuelvalo a la enfermera de la escuela despues de la proxima cita dental de su hijo.

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Name of Student \_\_\_\_\_

Dental exam performed on \_\_\_\_\_

This student needs further dental care      Yes \_\_\_\_\_      No \_\_\_\_\_

Dentist's signature or Office Stamp

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High School Nurse- 516-624-6541  
Fax-516-624-7314

Vernon Nurse- 516-624-6565  
Fax- 516-624-6522

Roosevelt Nurse-516-624-6575  
Fax-516-624-6591