Take This Form to the Dentist

For Official Use Only

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>Birth Date (MM/DD/YYYY)</th>
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<tr>
<th>District Borough Number (Example: 12M345)</th>
<th>Office of Student Information Systems Number (OSIS)</th>
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1. Parents or Guardians:

Your child had a dental exam at school on ____/____/___ and needs additional dental care. Please take this form to your child’s dentist. If you need help getting dental insurance, talk to your school’s parent coordinator or call 311.

☐ URGENT DENTAL TREATMENT NEEDED
Take your child to the dentist within the next seven days.

☐ NON-URGENT DENTAL TREATMENT NEEDED
Make sure your child sees a dentist within the next 30 days. You can either:

☐ Take your child to see a dentist in your community.

--OR--

☐ Have your child get dental care at school. See attached information.

2. Dentist:

A. Complete and sign the box below

☐ No treatment is necessary
☐ Treatment is in progress
☐ Treatment is complete

Dentist’s Name (Print): ______________________________________ Phone: _____ - _____ - _____

Address: __________________________________________________ City: ___________ State: _____ ZIP: ______

Dentist’s Signature: ______________________________________ Date: ______________________

B. Fax this form to the School-Based Dental Provider:

Name: ______________________

Fax Number: ______________________