

Sauk Prairie School District

207 Maple Street
Sauk City, WI 53583
Phone: 608-643-5509
Fax: 608-643-5503

School Nurse



REPORT OF DENTAL EXAMINATION

Dear Parent/Guardian:

Please take this form to your dental care provider on your next visit. If, for some reason, you are not able to have your child's teeth examined, contact the School Nurse at 608-643-5509.

Thank you.

Student's Name: _____ Date of Examination: _____

School: _____ Grade/Homeroom: _____

To the Dental Care Provider:

Please complete the following information. This information will be included in the student's school health record. Thank you.

1. Dental findings that are of significance to the school health care staff:

- 2. General Oral Hygiene Excellent Good Fair Poor
- Malocclusion Yes No
- Orthodontic Appliance Yes No Needed
- Prothetic Appliance Yes No If Yes, Type: _____

3. Comments:

Examining Dentist's Printed Name: _____

Examining Dentist's Signature: _____

Address: _____

Phone Number: _____ Fax Number: _____

Please return completed form to School Nurse at the above address.