

St. Gertrude's Preschool

28 School Street, Bayville, NY 11709

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www.stgertrudesprek.org



OFFICE USE

Teacher:

DENTAL HEALTH FORM

2024-2025 School Year

Child Name _____

Date of Birth _____ Home Tel# _____

Class (circle one) 2s 3s 4s

This is to certify that the examination is complete and I hereby inform you that:

- No treatment is necessary.
- Treatment is advised and in progress.
- Treatment is completed.

Dentist's Name _____

Address _____

Dentist's Signature _____

Date of Exam _____