

**ST. MARTIN DE PORRES MARIANIST SCHOOL
UNIONDALE, NY**

Student _____ Date _____

TO THE PARENT OR GUARDIAN:

Annual dental examinations are recommended. Please indicate in the spaces below the dental status of your child.

- Under treatment: All necessary steps are being taken to correct dental defects.
- All dental defects have been corrected.
- Fluorine treatment given.

Date _____ Dentist's Signature _____

Please return to Health Office