

WEST SENECA CENTRAL SCHOOL DISTRICT

Administrative Offices • 1397 Orchard Park Road • West Seneca, New York 14224

As of September 1, 2008, school districts are now required to request dental health certificates from their students in Pre-Kindergarten or Kindergarten, grades 1, 3, 5, 7 9,11 and any student new to the West Seneca Central School District. Please call your school nurse if you have any questions.

DENTAL EXAMINATION RECORD

Student Name			Date of Birth	
Parent N	Name			
Date of	Exam			
Note (CONDITIONS AS CHEC	:KED		
	Cavities			
	Home brushing care			
	☐ Good	□ Needs improvement	☐ Urgently needs improvement	
	Occlusion or Bite Relation	on		
	☐ Normal	☐ Abnormal		
	Prompt and urgent atter	ntion is advised		
	Mouth in apparently goo	od condition		
examina	0 ,	st are advisable. See her/him J	e good at this time, routine and regular <u>pefore</u> your child complains of pain.	
		D.D.S.	<u></u>	
	Signature of Examinir	ng Dentist	Date HS 34 2/18	