Dear Parent/Guardian:

New York State has passed a law requiring schools to request Dental Certificates for the following grades: Kindergarten, 2nd, 4th, 7th & 10th, as well as new students entering into a district. Please have your child's dentist complete the bottom of this letter and return it to the Health Office as soon as possible.

Should you have any questions, do not hesitate to call the Health Office at 631-737-1492.

Thank you.

Susan Pusateri, RN
School Nurse

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

PLEASE RETURN TO HEALTH OFFICE

Student: ____________________________________ DOB: _________________________

Complete dental examination on: ______/______/_______. Treatment needed ____yes _____no

Recommendations/Remarks: ____

Examiner's Signature: ____

Office Stamp: