

ASHLAND PUBLIC SCHOOLS
885 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520

REPORT TO PARENT REGARDING NEED FOR DENTAL ATTENTION

Date _____

Dear _____:

Our school health screening indicates a need for dental attention for _____
_____. Please give this important matter your careful consideration. The form below
should be presented to a dentist when your child is examined, and then returned by you to the
school address: _____

REPORT OF MEDICAL OR DENTAL EXAMINATION

This is to certify that I have examined _____ and
recommend:

_____ NO TREATMENT

_____ TREATMENT, WHICH IS NOW IN PROGRESS.

_____ TREATMENT, WHICH HAS BEEN COMPLETED.

Physician/Dentist's Signature

Date