

LAKE MILLS AREA SCHOOL DISTRICT
Lake Mills Elementary School, 155 E. Pine Street, Lake Mills, WI 53551
Phone-(920)648-2338, Fax (920)648-5490

Dental Examination

Student's Name _____ Birth Date _____

Parent or Guardian _____

TO THE PARENT: We urge you to take your child to the dentist before school begins for a dental examination and any necessary treatment. When the examination/treatment are completed and the dentist has signed this form, **please return this form to the school.**

TO THE DENTIST: Please check one of the following and sign this form.

_____ Child is involved in a preventive dental program.

_____ All necessary dental work has been completed.

_____ No Dental work is necessary.

_____ Treatment is in progress.

Date Signature of Dentist

Printed Name of Dentist

Address _____

Phone: _____

Please return this form to the School (address listed above). Thank you.