

Saint Rose of Lima Academy  
316 Ridgedale Avenue  
East Hanover, NJ 07936  
973-887-6990  
Fax: 973-887-8655

**PUPIL'S DENTAL EXAM**

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date** \_\_\_\_\_

Complete and regular care by your dentist is still the most economical means of preserving your child's dental health. We urge you to take your child to the dentist for any dental work that is necessary.

Please have the dentist sign this form and return it to school after your child has visited the dentist this year.

Thank you for your cooperation.

Carol Rice  
School Nurse

**Signed** \_\_\_\_\_ **D.D.S.**

**Address** \_\_\_\_\_

\_\_\_\_\_

**Date of exam** \_\_\_\_\_