

St. Joseph Catholic School
Annual Dental Exam Verification

The state of Nebraska recommends that all students have a yearly dental exam to provide preventative dental hygiene and to correct/detect dental defects and oral disease.

If your child has been seen by his/her dentist within the past 6 months OR has an upcoming appointment within the next 6 months, please indicate below.

If your child **HAS NOT** been seen by a dentist in the last 6 months and **DOES NOT** have an upcoming appointment within the next 6 months, please indicate below.

If the form is not returned to the office, your child will be given an oral health screening by a health care professional. If the screening shows any concerns, you will receive a written notice with the results and a referral to your dentist.

Thank you for your assistance.

Student Name _____ Grade _____

Date of Last or Upcoming Dental Visit: _____

Name of Dentist/Office: _____

OR

_____ My child **HAS NOT** been seen by a dentist in the last 6 months and **DOES NOT** have an upcoming appointment within the next 6 months. I understand that my child will be given an oral health screening by a health care professional.

Parent/Guardian Signature

Date