

**ELMONT UNION FREE SCHOOL DISTRICT  
SCHOOL HEALTH SERVICE  
ELMONT, NEW YORK 11003**

**STUDENT'S DENTAL REPORT**

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

1. Needs dental  
care \_\_\_\_\_

2. Under  
Treatment \_\_\_\_\_

3. Dental work  
Completed \_\_\_\_\_

4. Teeth in good  
condition \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Examination**

\_\_\_\_\_

**Examiner**