School Health Record
Summit County Health District

School Holy Family School
Fax 330·688·3474

Child's Name	Birth date

Parent / Guardian	Home phone number

Dentist's Report

The following services have been performed:

- ☐ Examination
- ☐ Radiographs
- ☐ Prescription for fluoride supplements
- ☐ Diagnosis
- ☐ Oral prophylaxis
- ☐ Topical application of fluoride

The following oral hygiene instruction was provided:

- ☐ Tooth brushing
- ☐ Diet counseling reflecting relation of diet to dental health
- ☐ Flossing
- ☐ Home/school use of fluoride mouth rinse

The following statements are applicable:

- ☐ All necessary services have been performed
- ☐ Further treatment is indicated
- ☐ No restorative services are required at this time
- ☐ Further appointments have been arranged

Comments: ____

____

____

____

____

Please Print or Stamp:

Dentist's name	Dentist's signature
Address	Date signed
Phone	