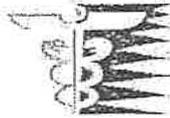


EDGEMONT JUNIOR-SENIOR HIGH SCHOOL
200 WHITE OAK LANE
SCARSDALE, NEW YORK 10583

HEALTH OFFICE
(914) 725-1500 ext. 1576
Fax (914) 725-4032



DENTAL FORM

Name of Pupil: _____ **Grade:** _____

Dear Parents/Guardians:

NYS Education Law (Section 136.3) requires medical and dental examinations of all students entering grades seven, nine and eleven as well as **new students at any grade level**. This is in order to maintain and improve the level of good health.

Please have this form filled out by your family dentist at the time of your child's dental examination. Treatment and correction of any defects found by the dentist, as soon as possible, are the most desirable procedures for any child.

- () Patient has been examined and requires no treatment at this time
- () Patient is under dental treatment at this time
- () Patient has completed all dental treatment

Remarks: _____

Date

Signature of Dentist