MERCAZ ACADEMY
ישיבת מרכז

Dental Health Certificate

PARENTS COMPLETE:

Dear Parents:
We recommend that each student visits the dentist every six (6) months in order to prevent tooth decay as well as remedy it. However, we request only one dental form during the school year.

STUDENT'S NAME _____ Grade _____

DENTIST COMPLETE:

To the Dentist: This is to certify that the examination is complete, and I hereby inform you that (*Please check appropriate spaces.):*

- □ No treatment is necessary
- □ Treatment is in progress
- □ Treatment is completed
- □ Malocclusion is present
- □ Malocclusion is not present
- □ Orthodontia is in progress
- □ Other

DENTIST'S SIGNATURE _____
DENTIST'S NAME (printed) _____
ADDRESS _____
PHONE NUMBER_____
DATE _____