



To Parent/Guardian of: _____

While performing routine health screening, the following dental problem was noted.

- Dark discolored lesions on tooth surfaces
- Early decay
- Deep areas of decay
- Retained deciduous (baby) teeth with permanent eruption
- Misalignment of teeth

We suggest that you take your child along with this form to the dentist of your choice for recommendations regarding the possible dental health problem indicated above. We are anxious to give you any assistance we can in getting your child's problem corrected.

Thank you,

School Nurse