STANLEY J. ESPOSITO





## CITY OF STAMFORD PUBLIC SCHOOL HEALTH PROGRAM DEPARTMENT OF HEALTH 233 WASHINGTON BOULEVARD P.O. BOX 10182 STAMFORD, CT 04804-2152

Dear Parent:

"Prevention of dental disease is less costly than." Now is the time to make arrangements for your child's dental examination, particularly if he/she is entering school in the fall.

In accordance with Public Act 80-440, children must have a dental examination before entering school. This examination must be performed by a dentist.

The dental health history is a permanent part of your child's cumulative school health record.

Please take this form to your family dentist for completion and then return it to your child's school by September 15.

|                          | •                         | e.             |     |
|--------------------------|---------------------------|----------------|-----|
|                          |                           |                |     |
|                          |                           |                | -   |
| ž                        |                           | *              |     |
| TO THE DENTIST:          |                           |                |     |
|                          | * :                       |                |     |
| Name of Pupil            |                           | School         | _   |
| Pupil's Address          |                           | Grade          |     |
|                          |                           |                |     |
| ( ) No treatment needed. |                           |                |     |
| ( ) Is under treatment.  | (Expected completion date |                | )   |
| ( ) All needs at present | corrected.                |                |     |
|                          |                           |                |     |
|                          |                           |                |     |
| Date                     | Signatu                   | ire of Dentist | ei. |