

**River Vale Schools
River Vale, NJ**

Dental Form

Date: _____

Name _____ Grade _____ Teacher: _____

has had all necessary dental work (including prophylaxis) completed and is advised
to return in _____ months for re-examination.

Dentist's signature _____

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

NOTE: This dental form may be returned to school at any time during the school year