Parents of First, Third, and Seventh graders

To:

From:

Date

WFCS

The State Department of Healt dental hygienist from Octorara examined by your family dentis	Area Schools will cond	duct these evaluations in the	
<u>Sc</u>	chool Dental Form for S	tudent with Family Dentist	
Student Name	Grade		_
	<u>For completi</u>	ion by dentist:	
Date of most recent dental exa	m		
Report of exam			
Have corrections been made? _			
Follow-up recommendations		- -	

Please return to:
West Fallowfield Christian School,
795 Fallowfield Rd, Atglen PA 19310

Signature of Dentist