

Dental Screening

Campaign Date: _____

Dear Parent/Guardian of: _____

Location: _____ **Grade:** _____

Today your child received a limited dental screening. This does not replace a dental check-up by your family dentist.

- ☐ Your child may need dental attention. If your child has not been to a dentist recently, please make an appointment soon for a check up.
- ☐ Maintain your child's dental health by visiting a dentist regularly.
- ☐ Your child was absent / We were unable to screen your child. Please call us if you do not have a family dentist.

Remarks:

If you have any questions regarding your child's teeth or do not have a family dentist, please call the Dental Program number above.