

School Year _____

ISLAND TREES PUBLIC SCHOOLS
LEVITTOWN, NEW YORK 11756

Student's Name _____ School _____

Address _____

Room _____ Grade _____

RECOMMENDATIONS OF FAMILY DENTIST

This student is receiving dental treatment

This student requires no treatment at this time

Treatment has been completed

Examining Dentist :(Please Print or Stamp) _____

Date _____

Address _____

Dentist's Signature _____