



Dental Examination Record **Examen Dental**

Verona Area School District
Sugar Creek Elementary School
800 Kimball Lane
Verona, WI 53593
(608) 497-2100

PLEASE TAKE THIS FORM TO YOUR FAMILY DENTIST
POR FAVOR, ENTRÉGUELE ESTE FORMULARIO A SU DENTISTA

Child's Name: _____

Address: _____

School: Sugar Creek Elementary Grade: _____

This child has been seen for examination. Any dental problems have been discussed with the parents.

Signature of Dentist: _____ Date: _____

Please print or stamp:

Dentist Name:

Address:

City, State Zip:

Phone:

PLEASE RETURN THIS FORM TO THE SUGAR CREEK ELEMENTARY OFFICE
POR FAVOR, DEVUELVA ESTE FORMULARIO A LA OFICINA DE LA ESCUELA
PRIMARIA SUGAR CREEK