

**Colwich Elementary School**  
Dental Health Card

**TO PARENTS:** Dental health cards are requested for all pupils annually.

Pupil's Name \_\_\_\_\_ Grade \_\_\_\_\_

- A. I have examined the above pupil and find his/her present dental condition satisfactory. ....
- B. I have completed the present necessary work for this pupil.....
- C. I have placed this pupil under care .....

Date \_\_\_\_\_ D.D.S.

Pupil: Please return completed card to your school nurse.