

TIMOTHY CHRISTIAN SCHOOL
2008 Ethel Road
Piscataway, NJ 08854

Phone: 732-985-0300

School Office Fax: 732-985-8008

Nurses' Office Fax: 732-248-4271

The school health policy recommends an annual dental examination by your family dentist for each child.

The form below is to be completed. If your child has had an examination in the last six (6) months, then have the dentist complete the form.

Please return this form to the school nurse as soon as possible following your child's dental examination.

If there is any reason why you cannot have a dental examination done, please call me.

School Nurse
Timothy Christian School



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DENTAL EXAMINATION REPORT

Grade of Student _____

I have examined _____ on _____.
(name of student) (date)

- 1. There is no need for corrective work at this time.
- 2. Treatment has been completed.
- 3. There is need for dental care at this time.
An appointment has been scheduled: YES NO

_____ D.D.S.

(street address)

(city, state, zip)