

UTAH STATE DEPARTMENT OF HEALTH
DIVISION OF HEALTH
Salt Lake City, Utah

To Parent or Guardian:

_____ Town
_____ Date

The correction of dental defects does much to restore the individual child to PHYSICAL WELL BEING AND MENTAL ALERTNESS. Bad teeth are direct factors in slowing up a child's classroom progress. While it is not compulsory to send your child to a dentist WE ADVISE YOU TO TAKE _____ TO YOUR DENTIST AT ONCE FOR EXAMINATION. If dental corrections are needed WE HOPE YOU WILL ARRANGE FOR THE NECESSARY CARE. The child returns the card to the teacher for school record when it has been PROPERLY SIGNED BY YOUR DENTIST.

Teacher or School Nurse

I have examined the teeth of _____ and find no filling, extraction, or cleaning needed.

Date _____ Dentist _____

IMPORTANT. UNDER NO CIRCUMSTANCES SIGN THIS CARD BEFORE COMPLETING ALL NECESSARY WORK. MAKE ANY ADDITIONAL NOTATIONS ON BACK OF CARD.

I have completed the necessary dental work.

Number of defects _____ Corrections _____

Date _____ Dentist _____

Form 7P