



# North Central Ohio Educational Service Center

**Integrated Preschool Program  
Child Dental Statement  
(Required of ALL children every 13 months)**

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**To the Parent or Guardian:**

A child's teeth should last a lifetime. Maintenance of dental health calls for good prevention practices. The American Dental Association recommends daily brushing and flossing, limiting intake of sweets, and checkups at the dentist's office every six months.

**For the Dentist (Please Check Which Applies):**

- I have examined the teeth of the above child and found no fillings or extractions needed.
- I have completed the necessary dental work for this child.
- Recommendations

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**Dentist Name (Printed)** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**Signature of Dentist** \_\_\_\_\_ **Date of Exam** \_\_\_\_\_