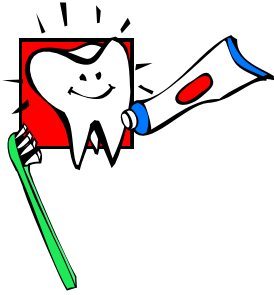


NORTH MERRICK UNION FREE SCHOOL DISTRICT
North Merrick, New York



TEACHER _____
BUILDING _____

MANDATORY DENTAL REPORT

LAST NAME _____ FIRST NAME _____

ADDRESS _____

I have examined the above child and find:

1. No work present at this time _____

2. Work completed _____

3. Work in progress _____

Will be completed by: _____

Dentist

Date