

Cridersville Elementary Preschool
501 Reichelderfer Rd
Cridersville OH 45806



Wapakoneta Elementary Preschool
900 N Blackhoof St
Wapakoneta OH 45895

ANNUAL DENTAL SCREENING FORM

THIS FORM MUST BE COMPLETED, SIGNED AND DATED BY A DENTIST

FORM MUST BE PROVIDED WITHIN 30 BUSINESS DAYS OF ENTRANCE INTO THE PRESCHOOL PROGRAM AND ANNUALLY THEREAFTER

CHILD'S NAME _____ DATE OF BIRTH _____

OPTION A: EXAM COMPLETED BY CHILD'S DENTIST

Date of Exam: _____

Dentist Name

Phone Number

Signature of Examining Dentist

Date of Signature

Dentist Street Address

City, State, Zip

OPTION B: DENTAL SCREENING NOT COMPLETED

Please mark the reason the screening was not completed:

_____ No Insurance coverage*

_____ Religious Conviction

_____ Other: _____

Parent Signature

Date

*If you do not have dental insurance, we have options that may help you. We will contact you with information