

LINE MOUNTAIN SCHOOL DISTRICT

Line Mountain Middle/High School

Dwain Messersmith, HS Principal
Jeffrey Lagerman, MS Principal
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Allison Michael, RN, BSN, CSN



Line Mountain Elementary School

Kyrie Ciborowski, Principal
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Candace Adams, RN, BSN, CSN

Private Dental Report

This is to certify that I examined the teeth of:

Name: _____ Grade: _____

Exam Date: _____

- _____ 1. All necessary dental treatment has been completed.
- _____ 2. Treatment is in progress.
- _____ 3. No dental treatment is necessary at this time.
- _____ 4. Prophylaxis has been completed.
- _____ 5. Topical fluoride has been applied.
- _____ 6. Dietary fluoride supplement has been recommended.

Further recommendations:

Dentist's Signature _____ Date _____

Dentist's Name (printed) _____ Phone # _____