Elementary School Dental Health Card

Blue Valley School District

_____
Student Name

_____ _____
School *Grade*

Good dental health is part of a healthy lifestyle. Please take this card to your next dental visit and have the dentist complete the lower half. Return the card to your school nurse.

I have examined and, if necessary, completed appropriate dental work for this student.

_____ _____
Dentist *Date*

BV148 8/2009

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