

# **River Edge Elementary Schools**

## **Report of Family Dentist**

**This is to certify that \_\_\_\_\_**  
**has had a dental examination and that necessary dental**  
**corrections will be made.**

**DENTIST: \_\_\_\_\_**  
**Signature**

**ADDRESS: \_\_\_\_\_**  
**\_\_\_\_\_**

**DATE OF EXAMINATION: \_\_\_\_\_**