

Parkview School District  
Dental Form  
(to be completed by Dentist)

A dental check-up is strongly recommended prior to starting school at the Parkview School District. We always encourage regular dental visits, brushing and flossing of your children's teeth. Please have your Dentist fill out the form below and return to the Parkview School District.

Please direct questions or concerns to: Lisa Heinzen RN BSN, Parkview School  
Nurse: 608-879-2956 x 2222, [lheinzen@email.parkview.k12.wi.us](mailto:lheinzen@email.parkview.k12.wi.us)

I have examined the teeth of \_\_\_\_\_, (patient name)

on \_\_\_\_\_ (date)

Exam:

Normal: \_\_\_\_\_

Abnormal: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dentist PRINTED NAME and CLINIC name:

\_\_\_\_\_

Dentist Signature: \_\_\_\_\_