

Wichita Public Schools
Division of Student Support Services
Department of Health Services
DENTAL CARE CARD

Parents – Dental Care Cards are requested for all students annually.

Student Name: _____ Grade _____ Room _____
Last First Number

- A. I have examined the above student and find his / her present dental condition satisfactory
- B. I have completed the present necessary work for this student
- C. I have placed this student under care

Date _____ D.D.S.

STUDENT – Please return this completed card to the School Nurse.

054017S

Rev. Mar 2020

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