



Preschool / Kindergarten Dental Form
to be returned to:
Pewaukee Lake Elementary School
436 Lake Street
Pewaukee, WI 53072

Name of Student: _____ Date: _____

We urge you to take your child to your family dentist for a dental examination and whatever treatment may be necessary.

Note to the Dentist: Please complete this so it can be returned to the school.

_____ Teeth were found in satisfactory condition.

_____ The necessary dental work has been completed.

(Signature of Dentist)

(Date)