



# Grant County Health Department

111 South Jefferson Street, Floor 2  
Lancaster, Wisconsin 53813-1672

www.co.grant.wi.gov  
Phone: (608) 723-6416 • Fax: (608) 723-6501

## DENTAL REFERRAL CARD – Grant County

Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

### To the Parents:

Our school has a health program that is designed to improve, protect, and promote the health of each child. As a part of this health program, we strongly urge you to take your child to a dentist of your choice at least once a year for a dental exam and whatever treatment may be necessary. When the exam and treatment are completed, return this card to school.

### To the Dentist:

Check one of the following statements before signing this card.

- No dental work necessary.
- All immediate dental work has been completed.
- In for exam – appointment made for follow-up work.
- In for exam – no appointment made for follow-up work.

Date \_\_\_\_\_ Signature of Dentist \_\_\_\_\_

*Do not return card to school unless card is signed by dentist.*



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