

**HARRISVILLE CENTRAL SCHOOL
14371 PIRATE LANE
HARRISVILLE, NY 13648
Phone (315) 543-2707
Fax (315)543-2360**

DENTAL HEALTH CERTIFICATE

Student: _____

Was seen in our office: _____

He/She was found having the following conditions:

- _____
- _____
- _____

He/She IS/IS NOT in fit condition of dental health to permit his/her attendance at a public school.

Dentist: _____

Address: _____

Phone: _____

License #: _____

Signature

Date