

# MILLER PLACE HIGH SCHOOL

15 Memorial Drive ▪ Miller Place ▪ New York ▪ 11764

Health Office Phone: (631) 474-2481

Health Office Fax: (631) 331-4093

Email: [mphsnurse@millerplace.k12.ny.us](mailto:mphsnurse@millerplace.k12.ny.us)



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## DENTAL HYGIENE FORM

Dental care is an essential part of the total health program for your child. The school district urges you to have your child visit the dentist for an examination at a minimum of once yearly. Please have your family dentist check the appropriate box and return the form to the health office.

Student name: \_\_\_\_\_  
(last) (first)

School: \_\_\_\_\_ Miller Place High School \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Dental attention is being received. Treatment to be completed on \_\_\_\_\_  
(date)

\_\_\_\_\_ Dental attention completed on \_\_\_\_\_  
(date)

\_\_\_\_\_ Under orthodontic treatment.

Special notations:

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

Date: \_\_\_\_\_