

# Freeport Kids Dental & Orthodontics

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## DENTAL CLEARANCE FORM

Dear Parent /Legal guardian/ Patient:

It is necessary that you have a general dentist examine and treat your child or yourself for tooth decay and other dental providers. After treatment is finished, please have your dentist complete the bottom half of this form.

Thank You.

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Please evaluate and treat this patient for all general dental care including prophylaxis. Upon termination of all needed treatment, please complete this form. Sign and give to the parent/legal guardian/patient.

Thank You.



I Dr. \_\_\_\_\_ have completed all necessary dental treatment for this patient.

Office Stamp:

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