

# Dentist Form

## School Year \_\_\_\_\_

Dear Fisher Parents,

Please provide us with your child's dentist information below. If your child has not yet seen a dentist please sign and write deferred. Please return this form to the front desk and thank you for your help.

\_\_\_\_\_  
Dentist's name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Child's Room