



# FSD145

Freeport School District

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## Annual **Dental Exam** Verification Form

This form verifies that the following FSD145 employee has completed an annual dental examination.

The dental history and examination information will remain on file at the dentist's office.

Please submit only this form to the FSD145 Business office at [health@fsd145.org](mailto:health@fsd145.org).

Employee Name: \_\_\_\_\_

Date examination was completed: \_\_\_\_\_

**Printed** dentist name \_\_\_\_\_

Dentist signature \_\_\_\_\_ Date \_\_\_\_\_