



## **ATTENTION: SCHOOL SECRETARY**

**Your Dental Team looks forward to visiting your school to provide the Dental Screening for your students on \_\_\_\_\_.**

**Upon or before our arrival, the following items are required:**

- 1. If not already submitted, an Alpha List for the entire school is necessary which includes the name, sex, grade, address, telephone number, postal code, birthdate and name of the parents for every child.**
- 2. If not already submitted, a Class List for each class in grid form.**
- 3. The “Dental Screening Notification” provided by the Health Unit must be distributed to all students prior to the Dental Screening. See attached copy.**
- 4. “No Consent Letters” are to be collected and held at the office.**
- 5. A clean, quiet room with a large table, three chairs, and electrical outlet and a sink which is accessible.**

**We thank you very much for your co-operation and assistance, as this will greatly assist us in providing our programme in an efficient and professional manner.**

**If you have any questions, please feel free to contact myself \_\_\_\_\_ at 258-2146 Ext. \_\_\_\_.**

**Thank You-Your Dental Screening Team  
RDH and CDA**