



## DENTAL SERVICES AT YOUR CHILD'S SCHOOL

Dear Parent/Guardian:

Your permission (consent) is needed for your child to participate in the School-Based Dental program.

**1. Full Comprehensive Dental Program - for children who do NOT have a dentist.**

Services include:

- Dental Exam
- Dental Cleaning
- Fluoride Varnish
- Dental Sealants
- Dental X-Rays
- Dental Fillings with local anesthetic (novocaine/lidocaine) as needed
- Referrals

Please complete the attached permission (consent) form. Check **YES** or **No** and return the form to school **tomorrow**.

Thank you in advance for your child's participation!

**If you have any question, please contact:**

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