KNOX COUNTY SCHOOLS ANDREW JOHNSON BUILDING



Knox County Health Department School-Based Preventive Dental Program School Nurse Letter

To the Parent or Guardian of _____

Your child recently took part in the dental screening/s to assess their oral health status.	sealant program at their school. The screening was done
an infection, or another problem. A dental visit should	gent dental care. There are clear signs of a broken tooth, dibbe made as soon as possible. The results of the screen- ntal x-rays were taken nor was your child's dental history
•	you may call the Knox County Health Department Denta nsurance is accepted. <u>Your child does not need to have</u> g <u>ram</u> .
	School Nurse
	Date