ST. THERESA
SCHOOL

Verification of a Dental Visit

The Diocese of Oakland requires verification of a dental visit at entry.

Please have your dental office sign or stamp this form, or provide a copy of an invoice or visit record that includes the child's name, dentist name, and address of dental office.

Student Name: D.O.B.

_____

Date of Visit:

_____

Dentist Name:

_____

Dentist Address:

_____

_____

Dentist Signature or office stamp:

_____