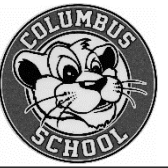




# Columbus School



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Principal

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Tel: (973) 478-0514 • Fax: (973) 478-7753

## Dental Report

Date: \_\_\_\_\_

I have examined \_\_\_\_\_'s teeth and report the following:

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\_\_\_\_\_  
Signature of Dentist

\_\_\_\_\_  
Date

Please stamp Dentist's Name, Address, and Telephone below