

Cold Spring Harbor High School



COLD SPRING HARBOR CENTRAL SCHOOL DISTRICT
82 TURKEY LANE
COLD SPRING HARBOR, NEW YORK 11724-1799
(631) 367-6900 -- FAX (631) 367-0999 -- www.csh.k12.ny.us

DENTAL FORM

Dentist's Name _____

Address _____

Telephone # _____

(Dentist's Office Stamp may be used)

Date _____

This is to certify that

___ Is under my care for dental treatment.

___ Has completed dental treatment.

Signed _____