# CROSSROADS CHILDREN’S DENTAL CLINIC

Dentist, M.D., Pediatrics

## Dental Note

|  |  |  |
| --- | --- | --- |
| This is to certify that: |  | |
| was under my care on |  | |
| and he/she will be able to return to school on | |  |

|  |
| --- |
| **Doctor’s Comments:** |
| "[Insert any comments regarding the specific dental condition]" |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Rx |  |
| **Dentist, M.D., Pediatrics** | |

**Copyright information - Please read**

© This [**Free Microsoft Office Template**](http://www.hloom.com/more/) is the copyright of Hloom.com. You can download and modify this template for your own personal use. You can (and should!) remove this copyright notice ([click here to see how](http://www.hloom.com/resumes/how-to-format-word/)) before customizing the template.

You may not distribute or resell this template, or its derivatives, and you may not make it available on other websites without our prior permission. All sharing of this template must be done using a link to <http://www.hloom.com/>. For any questions relating to the use of this template please email us - [info@hloom.com](mailto:info@hloom.com)