



East Irondequoit Central School District
600 Pardee Road
Rochester, NY 14609
(585) 339-1200 FAX (585) 288-0713
<http://eicsd.k12.ny.us>

Dental Certificate

This is to certify that _____ is a
patient of mine and had a complete dental exam conducted on_____.

The family has been advised to have routine and/or treatment follow-up on
_____.

Name of Dentist

Address

Phone

Fax