



The Charles  
**Finney**  
School

## Dental Certificate

This is to certify that \_\_\_\_\_ is a  
patient of mine and their most recent complete dental exam was conducted  
on\_\_\_\_\_.

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

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Name of Dentist

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Address

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Phone

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Fax

Completed form to be submitted to:

School Nurse, Attn: Mrs. Sue Wilson  
The Charles Finney School  
2070 Five Mile Line Road  
Penfield, NY 14526

Nurse Telephone: 585-387-3770 x 230  
Nurse Fax: 585-641-0431