

Stadt D	Portmund 44122 Dortmund	Hoher Wall 9-11 Room 1.55	
To th	ne persons responsible for the care of the child:	Office hours:	
		Monday to Thursday: 1.00 p.m. to 3.00 p.m. Friday: 10.00 a.m. to 12:00 p.m.	
		Tel.: 0231 50-23660 0231 50-23673	
Dent	al examination	Date:	
Dear	Parent, Dear Carer		
	Please take your child to see the dentist. An orthodontic consultation/treatment will also be carried out by dentists specialising in orthodontics.		
	☐ A dental consultation/treatment is required.		
	☐ An orthodontic consultation/treatment is required.		
	☐ Individual prophylaxis is required		
		is required/is recommended.	
Note	:		
	Happily, no treatment is required. However, you should still keep appointments with your dentist.		
	Your child did not attend the examination.		
	se remember that your child should have a preventative check-up with a cast twice a year.	dentist	
Rega Your ≫	ards dentists at the Public Health Department	·····×	
Yo	ur child's dental examination		
- Ple	ase fill out this section and return it to the school/kindergarten/nursery	-	
I hav	e noted the information provided by the dental service.		
Chile	l's name:		
Doto	Signatura		

Public Health Department (Gesundheitsamt)

(Zahnärztlicher Dienst)

Dental Service

% ------ To open, please remove the staples or cut open here.

To the parents/carers of:

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