

**CHARIHO REGIONAL SCHOOL DISTRICT  
DENTAL REFERRAL CARD**

Charlestown School  
363 Carolina Back Rd  
Charlestown, RI 02813  
Phone 401-364-7716  
Fax 401-633-7078

Richmond School  
190 Kingstown Rd  
Wyoming, RI 02898  
Phone 401-539-2441  
Fax 401-633-7139

Ashaway School  
12A Hillside Ave  
Ashaway, RI 02804  
Phone 401-377-2211  
Fax 401-633-6208

Hope Valley School  
15 Thelma Dr.  
Hope Valley, RI 02832  
Phone 401-539-2321  
Fax 401-633-7099

Chariho Middle School  
455B Switch Rd  
Wood River Jct, RI 02894  
Phone 401-364-0651  
Fax 401-223-4925

Chariho High School  
453 Switch Rd  
Wood River Jct, RI 02894  
Phone 401-364-7778  
Fax 401-415-0436

Career & Technical Center  
459 Switch Rd  
Wood River Jct, RI 02894  
Phone 401-364-6869  
Fax 401-223-9623

RYSE School  
455C Switch Rd  
Wood River Jct, RI 02894  
Phone 401-315-2880  
Fax 401-223-9651

**RI DEPARTMENT OF EDUCATION  
REPORT OF SCHOOL DENTAL EXAMINATION**

TO THE PARENT: Our school has a health program that is designed to improve, protect, and promote the health of the child. As part of this health program we strongly urge all parents to have their children visit their dentist at least once a year for a dental examination and whatever treatment may be necessary. In the interest of better dental health would you then have your child take this card to the dentist of your choice. When the examination is completed, the card should be returned to the school.

**EARLY AND REGULAR DENTAL CARE IS LESS COSTLY THAN  
CARE AFTER LONG NEGLECT**

This notice is sent to you in compliance with the Title 16, Chapter 21, General Laws, 1956.

This is to certify that I have examined the teeth of:

Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ No dental treatment is necessary.

\_\_\_\_\_ Treatment has been recommended.

\_\_\_\_\_ Treatment is in progress.

\_\_\_\_\_ Treatment completed.

Further recommendations or comments

Signature of Family Dentist \_\_\_\_\_

Dentist Printed Name \_\_\_\_\_

Date \_\_\_\_\_