

KREFELD

City of Krefeld | 53 | 47792 Krefeld

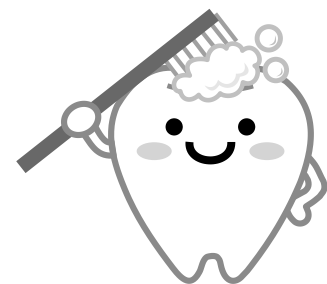
THE LORD MAYOR
Department of Health

To the parents/guardians of the child

Information provided:
Address: Gartenstraße 30-32
Telephone:
Email: zaed@krefeld.de

The dentist has been here!

Date of examination:



In today's dental service examination, your child ...

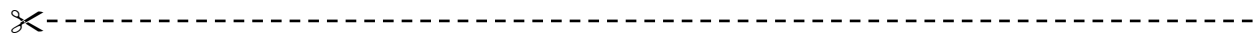
- participated did not participate

We recommend that your child visit a...

- Dentist Orthodontist

Important: We recommend a visit to the dental practice twice a year!

The costs for this are covered by your health insurance.



Name of child: _____ School/Class: _____

The bottom section...

- you do **not** need to return
 please send back to us signed by your dental practice

Dentist:

Presentation date:

Stamp of the practice