



Dear Parent:

The Pennsylvania law requires students entering school, whether Kindergarten or 1st grade, and then again in grades 3 and 7, to have a dental examination. These grades represent ages where critical growth and development occur in a child's life. To enable the school staff to help students achieve the maximum benefit from their educational opportunities, it is important that the school have a record of each child's health status.

We are recommending that these examinations be done by your family dentist, since he can best evaluate your child's health and assist you in obtaining necessary treatments and corrections.

Please have your dentist complete this dental form and return it to the school nurse as soon as possible.

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**Family Dental Examination**

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male or Female

Address \_\_\_\_\_

The above named child visited my office on \_\_\_\_\_.

At that time all necessary dental corrections had been made. Yes or No

If the answer is NO, fill in the following:

This child is in need of treatment for one or more of the following:

Primary teeth ----- Fillings \_\_\_\_\_ Extractions \_\_\_\_\_

Permanent teeth ----- Fillings \_\_\_\_\_ Extractions \_\_\_\_\_

Topical Fluoride applications -- Yes or No Date \_\_\_\_\_

Diseases of the supporting tissues \_\_\_\_\_

Gross malocclusion which is producing a facial deformity or is interfering with function \_\_\_\_\_

Cleft palate and/or cleft lip \_\_\_\_\_

Other congenital malformations \_\_\_\_\_

Prosthleic replacements for lost or missing teeth \_\_\_\_\_

This child is currently under treatment. Yes or No

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date Submitted \_\_\_\_\_

medical: dental template

*A Ministry Of Christ  
Wesleyan Church*

363 STAMM ROAD  
MILTON, PA 17847  
(570) 742-2638  
FAX (570) 742-4710