Dear Parent/Guardian,

THE PENNSYLVANIA SCHOOL HEALTH LAW REQUIRES dental examinations upon entrance to school (kindergarten or grade one), third and seventh grades. It is strongly recommended that your family dentist perform the exam as he/she is the most familiar with your child’s dental needs and will be able to provide follow up treatments, cleanings etc. Examination forms completed by the family dentist should be returned to the nurse at your child’s school.

FOR USE BY DENTAL EXAMINER ONLY

PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL ___________________________ DATE ______________ 20 __

<table>
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<th>NAME OF CHILD</th>
<th>AGE</th>
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<th>GRADE</th>
<th>SECTION/ROOM</th>
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ADDRESS

No. and Street ___________________________ City or Post Office ___________________________
Borough/Township ___________________________ County ___________________________
State ___________________________ Zip ___________________________

REPORT OF EXAMINATION

TOOTH CHART

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Is The Child Under Treatment? Yes ☐ No ☐

______________________________
Date of Dental Exam

______________________________
Signature of Dental Examiner

______________________________
Print Name of Dental Examiner

______________________________
Address

______________________________
Phone Number