

Stephen Decatur Elementary School
3500 Academy Road
Philadelphia, Pennsylvania 19154

Telephone (215) 400-3050
Fax (215) 400-3051

3rd Grade Dental Exam

Dear Parent/Guardian:

Pennsylvania law requires that students attending school in the Commonwealth receive a dental exam while in the **THIRD GRADE**. Please take the attached form to your child's dentist to be completed and then return to the School Nurse in September.

If your child's exam is not scheduled until after the beginning of the school year, please return the form once exam has been completed.

Thank you for your cooperation. If you have any questions, please contact the School Nurse at 215-400-3050 (option 2) or by email at rbabitt@philasd.org.

Sincerely,

Risa Babitt RN, CSN
School Nurse

THE SCHOOL DISTRICT OF PHILADELPHIA
REPORT OF PRIVATE DENTAL EXAMINATION

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade
<p>TO THE DENTIST <i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i></p> <p><i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i></p> <p><i>Thank you for your cooperation.</i></p>			
UNDER TREATMENT / WORK BEGUN		COMPLETION OF WORK / NO-TREATMENT NECESSARY	
Date Work Begun		<input type="checkbox"/> No Treatment Required Now	
Scheduled Follow-up Appointment		<input type="checkbox"/> All Necessary Dental Work Completed	
Date of Dental Examination		Expected Completion Date	
<p><i>Comments / Follow-up Treatment / Special Instructions to School</i></p> 			
Name of Dentist		Telephone	
Signature of Dentist		Date Signed	
Address		Fax Number	

IMPORTANT:

Return this form to:

Certified School Nurse/Practitioner

School

School Address

Phone Number