

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</p> <p><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	
<i>Comments / Follow-up Treatment / Special Instructions to School</i>			
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