

Dear Parent (Guardian):

The School Health Law of Pennsylvania requires that children receive a dental examination upon original entry and in grades 3 and 7. Believing that the family dentist should be the chief source of dental care, we encourage each child to visit the dentist regularly.

Please go to the Forms and Documents section at www.yorkcatholic.org and click on the Medical/Athletics form titled **School Dental Form – Private Dentist**.

Please remember that the form must be filled out as completely as possible by your family dentist and must be returned to your school nurse by August 3. Any student who does not return this form will receive a medical examination by a school dentist.

Note: All examinations by the family dentist are at the expense of the family.

Very truly yours,



Sarah DeLuca
School Nurse

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

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

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
_____	_____	_____		<input type="checkbox"/> M <input type="checkbox"/> F		
Last	First	Middle				

ADDRESS

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

REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER				A	B	C	D	E	F	G	H	I	J				Upper
LOWER	32	31	30	T	S	R	Q	P	O	N	M	L	K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment? Yes No

Treatment Completed Yes No

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address