

UPPER DARBY SCHOOL DISTRICT

Private Dental Report

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__

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

ADDRESS

No. and Street	City or Post Office	Borough/Township	County	State	Zip
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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	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment?

Yes No

Date of Dental Exam

Signature of Dental Examiner

Print Name of Dental Examiner

Address

Phone Number