

CHARTIERS VALLEY SCHOOL DISTRICT

Dear Parent or Guardian:

The school health law requires dental examinations for children on original entry into school, grades 3 and 7. These grades were selected because they represent critical periods of growth and development in a child's life.

We are recommending that these examinations be done by your family dentist since he can best evaluate your child's dental health and assist you in obtaining the necessary treatment and correction.

It is important that the school have a record of your child's dental health status. If you decide to have the dental examination done by your family dentist, at your expense, please have the attached form filled in completely. The form must be returned to the school nurse by September 15th. After that date, your child will be scheduled to have the examination done by one of the school dentists in the school health office.

HEALTH SERVICES DEPARTMENT

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 or Township County State Zip

REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 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