

**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><b>TO THE DENTIST</b>  <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>			
<b>UNDER TREATMENT / WORK BEGUN</b>		<b>COMPLETION OF WORK / NO TREATMENT NECESSARY</b>	
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