SOUDERTON AREA SCHOOL DISTRICT

SCHOOL HEALTH SERVICES

**DENTAL REPORT FORM**

NAME OF SCHOOL GRADE DATE

STUDENT'S NAME (LAST FIRST MIDDLE) ADDRESS

Student has been inspected in school and referred to your office for treatment. _____

The above named student visited my office on _____
DATE

At that time all necessary dental corrections had been made. Yes _____ No _____

Is student currently under treatment? Yes _____ No _____

List any special problems _____

_____

Student has received fluoride (MARK ONE): ____ gel ____ tablet ____ mouth ____ rinse.

Date fluoride received _____

**RECOMMENDATIONS FOR PATIENT FOLLOW-UP:**

_____

SIGNATURE OF DENTIST/ RDH ADDRESS DATE

**INFORMATION FOR PARENTS**

This form may be mailed to your dentist to be signed if your child has been examined this year. Please enclose a stamped, self-addressed envelope for the form to be returned to you.

A dental examination is required for each student upon original entry into school (Kindergarten or first grade), in Grade 3 and Grade 7. Parents are urged to have these examinations performed by family dentists because they have the facilities in their offices to provide thorough examinations and are in the best position to recommend immediate steps for any needed care. Examination forms completed by the family dentists should be returned to the school nurse.

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