

**POTTSGROVE SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**

Dear Parent or Guardian,

The School Health Law of Pennsylvania requires all pupils to have dental inspections upon entry into school and in the third and seventh grades.

Since your child will be entering one of these grades in September, we wish to bring to your attention the required dental inspections.

Parents are urged to have this inspection done by their family dentist as he/she is and will continue to be the chief source of dental care. We think each child should be encouraged to visit him/her regularly.

Please have the form below filled in by your dentist and return it to the school nurse in September. If the completed form is not returned to school by September 15th, the school dentist will inspect your child's teeth.

**POTTSGROVE SCHOOL DISTRICT
FAMILY DENTIST REPORT**

Name of Child _____ Grade _____

The above named child last visited my office on: _____ (Date)

Necessary dental correction had been made. Yes _____ No _____

If the answer is "No" fill in the following:

Primary Teeth _____ Fillings _____ Extractions _____

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Diseases of the supporting tissues _____

Gross malocclusion which is producing a facial deformity or is interfering with function _____

Cleft palate and/or cleft lip _____

Prosthetic replacements for lost missing teeth _____

This child is currently under treatment. Yes _____ No _____

Signature _____ D.D.S.

Date Submitted _____ Address _____