DANVILLE AREA SCHOOL DISTRICT
PUPIL HEALTH SERVICES

MARIA INVERSO RN, CSN
Danville Middle School
St Joseph's School
e-Learning Cyber Academy
Tel: (570) 271-3268 ext 3804
Fax: (866) 283-7030

DEANN KINSEY RN, CSN
Danville Primary School
Liberty Valley Intermediate School
St. Cyril's Academy
Tel: (570) 271-3268 ext 2108
Fax: (866) 274-6209

CARLA RAUP RN, CSN
Danville High School
Homeschool
Tel: (570) 271-3268 ext 1103
Fax: (866) 240-4318

Private Dental Form

Required for Kdg or year of enrollment, 3rd, & 7th grades

Name of Child _____ Date of Birth _____

Home Address _____ Sex: M _____ F _____

The above name child visited my office on (Date) _____

At that time all necessary dental corrections have been made: Yes _____ No_____

If No, fill in the following:

This child is in need of the following treatment:

Primary teeth ..... Fillings _____ Extractions _____

Permanent teeth ..... Fillings _____ Extractions _____

Diseases of the supporting tissue _____

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

Cleft Palate and/or cleft lip _____ Other congenital malformations _____

Prosthetic replacements for lost or missing teeth _____

Topical Fluoride applications ..... Yes _____ No _____

This child is currently under treatment.... Yes _____No _____

Signature _____ D.M.D./D.D.S

Address _____

Date Submitted _____

Revised 1/19