



ELIZABETH FORWARD SCHOOL DISTRICT

401 Rock Run Road, Elizabeth, PA 15037-2416 • 412-896-2310 • FAX: 412-751-9483 • www.efsds.net

Mr. Keith Konyk
Superintendent

Health Services Department Private Dentist Report

Please have your dentist complete the following information and return this form to the school nurse.

(Please Print)

Name of Student _____

School _____ Grade/Homeroom _____

Date of Examination _____

Please check:

_____ Child is currently under treatment.

_____ Child's treatment is complete.

Signature of Dentist _____ Date _____

Dentist's Name (Please print) _____

Office Address _____

Phone number _____