UPPER DARBY SCHOOL DISTRICT

Private Dental Report

Dear Parent/Guardian,

THE PENNSYLVANIA SCHOOL HEALTH LAW REQUIRES dental examinations upon entrance to school (kindergarten or grade one), third and seventh grades. It is strongly recommended that your family dentist perform the exam as he/she is the most familiar with your child's dental needs and will be able to provide follow up treatments, cleanings etc. Examination forms completed by the family dentist should be returned to the nurse at your child's school.

FOR USE BY DENTAL EXAMINER ONLY

PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20 ___

NAME OF CHILD	AGE	SEX	GRADE	SECTION/ROOM
Last First Middle		☐ M ☐ F		

ADDRESS

No. and Street City or Post Office Borough/Township County State Zip

REPORT OF EXAMINATION

TOOTH CHART

	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment? Yes ☐ No ☐

_____
Date of Dental Exam

_____ _____
Signature of Dental Examiner Print Name of Dental Examiner

_____ _____
Address Phone Number