

Commonwealth of Pennsylvania
Department of Health
Dental Health
Family Dentist Report
Kindergarten, Third and Seventh Grade

Bermudian Springs School District
7335 Carlisle Pike
York Springs, PA 17372-8807

Phone Number: 717-528-4113 or 717-624-4231
Elementary School: Fax: 528-4007
Middle School Fax: 528-0034

Student's Last Name	First Name	Middle Initial
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Student's Home Address

Student's Date of Birth

Please Circle: Male or Female

Teacher's Name	Grade
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The above named child last visited my office on _____.

Month/Day/Year

Currently all the necessary dental corrections have been made. **Please Circle**: Yes or No

If the answer is no, please explain in the following:

This child is in need of treatment for one or more of the following:

Primary Teeth	Fillings _____	Extractions _____
Permanent Teeth	Fillings _____	Extractions _____

Disease of the supporting tissues _____

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

Cleft Palate and/or Cleft Lip _____ other congenital malformation

Prosthetic replacements for lost or missing teeth:

The child is currently under treatment. **Please Circle**: Yes or No

Dentist Signature	Print Dentist Name	Date
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Address	City	Zip/State
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