

Fox Chapel Area School District Family Dentist Report

This form may be used in place of the school dental examination, as permitted under Pennsylvania law.

Student Information

Student Name: _____

Grade: _____

Teacher/Homeroom: _____

Dental Examination

The above-named student was examined in my office on:

Date of Examination: _____

Were all necessary dental corrections completed at the time of this examination?

☐ Yes ☐ No

If No, please indicate the dental care that is still needed.

Primary (Baby) Teeth

- ☐ Fillings
- ☐ Extractions

Permanent Teeth

- ☐ Fillings
- ☐ Extractions

Additional Dental Conditions

- ☐ Disease of the supporting tissues (gums and surrounding structures)
- ☐ Gross malocclusion (bite alignment causing facial deformity or interfering with function)
- ☐ Cleft palate and/or cleft lip
- ☐ Other congenital malformation
- ☐ Prosthetic replacement for lost or missing teeth

Current Treatment Status

Is this child currently receiving dental treatment?

☐ Yes ☐ No

Dentist Information

Dentist Signature: _____

Dentist Name (Printed): _____

Practice Address:

Date Signed: _____

Pennsylvania School Health Law**Act of General Assembly No. 404, Section 1407 – Examinations by Examiners of Own Choice**

In place of the medical or dental examinations required by Pennsylvania school law, a school-age child may submit a medical or dental examination report completed at the family's expense by the child's family physician or family dentist on a form approved by the Pennsylvania Secretary of Health.

- The examination must:
- Be completed before the date scheduled for the school's required examination.
- Be completed no earlier than four months before the start of the school term during which the school examination is required.