

Dear Parent / Guardian:

This is a reminder that the School Health Code requires a DENTAL EXAMINATION of all children in SEVENTH GRADE. Please take the summer break as an opportunity to have your child examined by their dentist.

You may elect to have this exam done by the school dentist. This exam will be done during the school year at a time that is convenient for your child, the dentist and the school calendar. If you wish, you may be present for this exam. There is no fee for this exam.

If you choose to have the exam done by your family dentist, the exam must be reported on the attached Dental Form. An examination is acceptable if it has been done **six months** prior to the beginning of the school year.

If you have any questions or concerns, please feel free to contact the office at 724-774-0250 extension 1830.

Respectfully,

Amy M. Gavazzi, RN, BSN
Certified School Nurse

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**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		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS _____

No. and Street	City or Post Office	Borough or Township	County	State	Zip
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REPORT OF EXAMINATION

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

Is The Child Under Treatment Yes No

Treatment Completed Yes No

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address