DENTAL EXAMINATION

THE PENNSYLVANIA SCHOOL HEALTH LAW REQUIRES a report of dental examination in Kindergarten, 3rd grade, and 7th grade.*

Student’s name ___________________________ Grade in fall ___________________________

REPORT OF DENTAL EXAMINATION

I have examined the teeth of __________________________________________________________

☐ All necessary dental work has been completed.
☐ Treatment is in progress.
☐ No dental work is necessary.

X ____________________________________________________________ Date __________________________

Signature of dentist

Dentist’s name printed: ________________________________________________________________

Dentist’s phone: ________________________________________________________________

*A Dental Examination form is not required in Nursery and Pre-K.