



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

Signature of dentist

Date

Dentist's name printed: _____

Dentist's phone: _____

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

QUAKER WORKS

LOWER SCHOOL | 228 OLD GULPH ROAD | WYNNEWOOD, PA 19096 | 610.642.7575

MIDDLE/UPPER SCHOOL | 1101 CITY AVENUE | WYNNEWOOD, PA 19096 | 610.649.7440

FRIENDSCENTRAL.ORG