

THE SCHOOL DISTRICT OF PHILADELPHIA

REPORT OF PRIVATE DENTAL EXAMINATION

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade
<p>TO THE DENTIST <i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i></p> <p><i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i></p> <p><i>Thank you for your cooperation.</i></p>			
UNDER TREATMENT / WORK BEGUN		COMPLETION OF WORK / NO TREATMENT NECESSARY	
Date Work Begun	<input type="checkbox"/> No Treatment Required Now		
Scheduled Follow-up Appointment	<input type="checkbox"/> All Necessary Dental Work Completed		
Date of Dental Examination	Expected Completion Date		
Date of Cleaning	Comments/Follow-up Treatment/Special Instructions to School		
Date of Fluoride Treatment			
Name of Dentist	Telephone		
Signature of Dentist	Date Signed		
Address	Fax Number		