

**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 |

TO THE DENTIST

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). 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. Thank you for your cooperation.

| Under Treatment/Work Begun | Completion of Work/No Treatment Necessary |
|----------------------------------|--|
| Date work Begun | <input type="checkbox"/> No Treatment Required now |
| Scheduled Follow-up Appointments | <input type="checkbox"/> All Necessary Dental Work Completed |
| Date of Dental Examination | Expected Completion Date |

Comments/follow - up treatment/Special Instructions to School

| | |
|----------------------|-------------|
| Name of Dentist | Telephone |
| Signature of Dentist | Date Signed |
| Address | Fax Number |

IMPORTANT:

Return this form to:

Certified School Nurse/Practitioner

School

School Address

Phone Number