

## Delaware Valley School District

Dear Parent:

School health law requires all children who are in **grade K, three and seven** to have a complete dental examination. When the required examination is completed by your family dentist, please have them complete the form below and return it to the school nurse's office.

If you are on an every six month schedule, please mail this form to your dentist and request that it be completed for the last dental visit. **Any exam done within one year of August of this year is acceptable. Any students who are not examined privately will be examined by the school dentist.**

We appreciate your cooperation in this program.

Thank you,  
Rebecca Topa, CSN

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### Family Dentist Report

Student name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

1. This student last visited my office on \_\_\_\_\_
2. All necessary corrections were made at that time. Yes \_\_\_\_\_ No \_\_\_\_\_
3. If the above answer is no, please indicate the dental correction needed:  
\_\_\_\_\_primary teeth \_\_\_\_\_permanent teeth \_\_\_\_\_fillings  
\_\_\_\_\_extractions \_\_\_\_\_gross malocclusion  
\_\_\_\_\_prosthetic replacement for lost or missing teeth  
\_\_\_\_\_other \_\_\_\_\_

This child is currently under my supervision for the above condition. Y N

4. This child receives topical fluoride applications under my supervision.  
\_\_\_\_\_yearly \_\_\_\_\_every 6 months \_\_\_\_\_never

\_\_\_\_\_  
Dentist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist Address