

Delaware Valley School District

Dear Parents:

School health law requires all children who are entering grade K, three, and seven to have a complete dental examination.

When the required examination is completed by your family dentist, please have him/her complete the form below.

If you are on a every six months schedule, please mail this form to your dentist and request it be completed for the last dental visit. **Any exam done within one year of August of this year is acceptable.**

**The students who are not examined privately will be examined by the school dentist.**

We appreciate your interest and cooperation in this program.

School Nurses  
Delaware Valley School District



**FAMILY DENTIST REPORT**

Child's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

1. This child last visited my office on (Date) \_\_\_\_\_

2. All necessary corrections were made at that time. Yes \_\_\_\_ No \_\_\_\_

3. If the above answer is "No", please indicate dental correction need:

\_\_\_\_ 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. Yes \_\_\_\_ No \_\_\_\_

This child receives topical fluoride applications under my supervision.

\_\_\_\_ Yearly \_\_\_\_ Every 6 month's \_\_\_\_ Never

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

\_\_\_\_\_  
Date

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