

Name of Student _____

School _____

HR _____

LETTER TO PARENTS REGARDING REQUIRED DENTAL EXAMINATIONS

The Pennsylvania School Health Law requires dental examinations for students entering K, ELS, 3, and 7, as well as Educational Support classrooms. These grades were selected because they represent critical periods of growth and development.

These examinations can be done by your family dentist since he/she can best evaluate your child's dental health and assist you in receiving any necessary treatment. School dental health evaluations will be provided for students who do not furnish written proof of a recent private dental examination.

Please have the following form completed by your dentist and returned to school by the first week of school in September. If this form is not returned, your child will be required to have a school dental health evaluation sometime during the coming school year. No action is necessary if you want your child to have a school dental health evaluation.

SCHOOL DENTAL HYGIENIST,
Health Services, Pittsburgh Public Schools

**FAMILY DENTIST REPORT
FOR STUDENTS IN GRADES K, ELS, 3, 7, OR EDUCATIONAL SUPPORT CLASSROOMS**

School	GR	HR	Gender M <input type="checkbox"/> F <input type="checkbox"/>	DOB / /
Last Name		First Name		MI
Address			Zip	
Date of Visit	Was dental treatment completed? Yes <input type="checkbox"/> No <input type="checkbox"/> - If No, please complete treatment needed below:			
THIS STUDENT IS IN NEED OF TREATMENT FOR ONE OR MORE OF THE FOLLOWING				
Primary Teeth:	Fillings	Extractions		
Permanent Teeth:	Fillings	Extractions		
Diseases of gums / supporting tissues:				
Malocclusion producing deformity / interfering with function:				
Cleft Palate / Cleft Lip:		Other congenital malformations:		
Prosthetic replacements for lost / missing teeth:				
Other needed treatment:				
This child is currently under dental treatment: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why?				

DENTIST'S SIGNATURE

PRINT NAME

ADDRESS & ZIP

PHONE