SOUDERTON AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES
DENTAL REPORT FORM #21

NAME & ADDRESS OF SCHOOL GRADE DATE

STUDENT'S NAME ADDRESS

Student has been inspected in school and referred to your office for treatment _____

The above named student visited my office on _____

At that time all necessary dental corrections had been made Yes _____ No_____

List any special problems _____

Student has received fluoride gel/tablet/mouth rinse (CIRCLE ONE). Date _____

RECOMMENDATIONS FOR PATIENT FOLLOW-UP:

SIGNATURE OF DENTIST/RDH ADDRESS DATE

INFORMATION FOR PARENTS

This form may be mailed to your dentist to be signed if your child has been examined this year. Please enclose a stamped, self-addressed envelope for the form to be returned to you.

A dental examination is required for each student upon original entry into school (Kindergarten or first grade), in Grade 3 and Grade 7. Parents are urged to have these examinations performed by family dentists because they have the facilities in their offices to provide thorough examinations and are in the best position to recommend immediate steps for any needed care. Examination forms completed by the family dentists should be returned to the school nurse.

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