



Eastern Lancaster County School District Health Services

Grade: _____

Dear Parent or Guardian of: _____

Homeroom: _____

The School Health Law requires dental examinations for children upon initial entry (**K or 1**) and in **grades 3 and 7**. These grades were selected because they represent critical periods of growth and development in a child's life.

We are recommending that these examinations be done by your family dentist, since he/she can best evaluate your child's dental health and assist you in obtaining necessary treatment and corrections.

It is important that the school have a record of a child's health status. This knowledge enables the school staff to help children achieve maximum benefits of their educational opportunities.

Any exam dated one year prior to the first day of the required year will satisfy this requirement.

EASTERN LANCASTER COUNTY SCHOOL DISTRICT
HEALTH SERVICES

FAMILY DENTIST REPORT

NAME OF CHILD: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____ HR: _____ GENDER: _____

The above named child last visited my office on _____ (give date).

At that time all necessary dental corrections have been made: Yes No

This child is currently under treatment: Yes No

Check the appropriate box/boxes:

- Fillings of primary teeth
- Extractions of primary teeth
- Fillings of permanent Teeth
- Extractions of permanent teeth
- Diseases of the supporting tissues
- Gross malocclusion which is producing a facial deformity or interfering with function
- Cleft palate and or cleft lip; other congenital malformation _____
- Prosthetic replacements for lost or missing teeth

Signature: _____ D.D.S./D.M.D.

Printed Name: _____

Phone: _____

Address or Stamp with address