

THE SCHOOL DISTRICT OF PHILADELPHIA  
**REPORT OF PRIVATE DENTAL EXAMINATION**

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade

**TO THE DENTIST**

*Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).*

*These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.*

*Thank you for your cooperation.*

UNDER TREATMENT / WORK BEGUN	COMPLETION OF WORK / NO TREATMENT NECESSARY
Date Work Begun	<input type="checkbox"/> No Treatment Required Now
Scheduled Follow-up Appointment	<input type="checkbox"/> All Necessary Dental Work Completed
Date of Dental Examination	Expected Completion Date

*Comments / Follow-up Treatment / Special Instructions to School*

Name of Dentist	Telephone
Signature of Dentist	Date Signed
Address	Fax Number

**IMPORTANT:**

**Return this form to:**

\_\_\_\_\_ Certified School Nurse/Practitioner

\_\_\_\_\_ School

\_\_\_\_\_ School Address

\_\_\_\_\_ Phone Number