

**Plum Borough School District
Health Services Department
Family Dentist Report**

Student's Name _____ Grade _____ Date of Birth _____
Last First

Dental Examinations are mandatory for students entering school (grade k or 1), and for students in grades 3 and 7. You may have your dentist complete this form based on an exam during this year, or an exam done within a year of entering the grade in which the examination is required.

The above named child last received a dental exam on (give date): _____
At that time all necessary corrections were made: Yes _____ (If Yes, place signature below.)
No* _____ (If No, please complete the following section, then sign below.)

*The child is in need of treatment for one or more of the following:

_____ Filling(s) of Primary Teeth _____ Extraction(s) of Primary Teeth
_____ Filling(s) of Permanent Teeth _____ Extraction(s) of Permanent Teeth

Does the child have any gross malocclusion producing a facial deformity or interfering with function
or Any Prosthetic replacements for lost or missing teeth?

(specify): _____

Child is currently under treatment: Yes _____ No _____

(If Yes, specify): _____

Dentist's Signature _____ **Date** _____ **Phone** _____