

SOUDERTON AREA SCHOOL DISTRICT

SCHOOL HEALTH SERVICES

**DENTAL REPORT FORM**

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NAME & ADDRESS OF SCHOOL                      GRADE                      DATE

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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 \_\_\_\_\_  
DATE

At that time all necessary dental corrections had been made. Yes \_\_\_\_\_ No \_\_\_\_\_

Is student currently under treatment?                      Yes \_\_\_\_\_ No \_\_\_\_\_

List any special problems \_\_\_\_\_

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

**RECOMMENDATIONS FOR PATIENT FOLLOW-UP:**

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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.