

**FAMILY DENTIST REPORT  
INTERBORO SCHOOL DISTRICT**

**To: Parents and Guardians,  
From: School Nurse**

**RE: Dental Examination Reminder**

The Pennsylvania School Health Law requires all students upon entering school, (**Kindergarten or grade1**) and in the **third** and **seventh** grades to have a dental examination.

Parents are urged to have these examinations done by their family dentist because they have a better knowledge of the child's oral health and are in the best position to recommend immediate steps for any necessary remedial care. Examinations done within one year prior to the opening of school and recorded on this form will be accepted as the required examination for this school year.

**While healthy kids are the goal of this effort, the amount of state reimbursement to school districts depends on the completion and documentation of required dental exams. In an effort to assure maximum reimbursement, please make every effort to get this information to your school nurse.**

Students in these grades not receiving a private examination will have an opportunity to be visually examined by the school dentist in the spring. These examinations do not include any treatment.

Thank you for your prompt attention in this matter.

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Last First M.

**DENTIST MUST SIGN THIS SECTION:**

The above child visited my office on \_\_\_\_\_  
Date

All dental corrections had been made \_\_\_\_\_

No corrections were necessary \_\_\_\_\_

This child is currently under care \_\_\_\_\_

This child is in need of care \_\_\_\_\_

DENTIST'S SIGNATURE \_\_\_\_\_

DENTIST PHONE NUMBER \_\_\_\_\_