



# 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.**

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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
- Fillings 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
- Extractions of primary teeth
- Extractions of permanent teeth

Signature: \_\_\_\_\_ D.D.S./D.M.D.

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address or Stamp with address