



Dear Parents/ Guardians,

Date: \_\_\_\_\_

Pennsylvania law requires that children receive a dental examination upon original entry and in grades 3 and 7. Believing that the family dentist should be the chief source of dental care, we encourage each child to visit the dentist regularly.

If your child will receive a dental exam from your family dentist dated after January 1st of this year a dental examination at school will not be necessary. Please have your family dentist complete the form below and return it to school with your child. If this form is not returned to the school, your child will be examined by the school dentist.

Very truly yours,

Mrs. Tiffany Costlow; School Health Provider

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TO BE RETURNED BY OCTOBER 15

This is to certify that the teeth of \_\_\_\_\_ have been

(Student Name)

examined on \_\_\_\_\_.

(Date of Examination)

\_\_\_\_\_ No treatment necessary at this time.

\_\_\_\_\_ Necessary corrections have been made.

\_\_\_\_\_ Treatment is now in progress.

Student Grade: \_\_\_\_\_

Signature of dentist: \_\_\_\_\_

Printed name of dentist: \_\_\_\_\_

Office phone number: \_\_\_\_\_