

FOX CHAPEL AREA SCHOOL DISTRICT
FAMILY DENTIST REPORT

Name of Student: _____ Grade: _____ Room: _____

Date: _____

The above named student last visited my office on _____ at that time all necessary dental corrections were made.

YES _____ NO _____

If the answer is no, please fill in the following:

This student is in need of treatment for one or of the following:

Primary Teeth _____ Fillings: _____ Extractions: _____

Permanent Teeth _____ Fillings: _____ Extractions: _____

Diseases of the supporting tissues: _____

Gross Malocclusion which is producing a facial deformity or is interfering with function _____

Cleft Palate and/or cleft lip _____ Other congenital malformation _____

Prosthetic replacements for lost or missing teeth _____

This child is currently under treatment YES _____ NO _____

Signature _____ D.D.S.

Address _____

ACT OF GENERAL ASSEMBLY NO. 404

Section 1407. Examination by Examiners of Own Choice. In lieu of the medical or dental examinations prescribed by this article, any child of school age may furnish the local school officials with a medical or dental report of examination made at his own expense by his family physician or family dentist on a form approved by the Secretary of Health for this purpose. The in lieu examination shall be furnished prior to the date fixed for the regularly scheduled examination but no earlier than four months prior to the opening of the school term during which the regular examination is scheduled.

NOTE: If child has been examined no earlier than four months prior to the opening of the school term during which the regular examination is scheduled, the family dentist may supply the requested information from his office records. If the child has not been examined within four months of the opening of the school term a new examination will be required.