



**POTTSTOWN  
SCHOOL DISTRICT**  
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*Building a Better Tomorrow*

***Where all schools achieve AYP, the highest rating for Yearly Progress!***

Dear Parent/Guardian,

The State of Pennsylvania has mandated that students, upon initial entry into school, in the third grade, and in seventh grade, be given dental examinations.

We recommend that you have your child examined by his/her family dentist since he/she is familiar with your child and, therefore, in a position to give the best evaluation of his/her dental health status. This form is provided for your convenience. Upon completion of the dental examination, kindly return the dentist's report to your child's school nurse.

A school dental inspection is provided annually by the school dentist with parent written permission. Please refer to the Annual Information/Health Update Sheet for this signature.

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### Dentist Report

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_

\_\_\_\_\_ Examination

\_\_\_\_\_ Malocclusion

\_\_\_\_\_ Topical Fluoride

\_\_\_\_\_ Periodontal Disorders

\_\_\_\_\_ X-rays

\_\_\_\_\_ Dental work in progress

\_\_\_\_\_ Extractions

\_\_\_\_\_ Dental work complete

\_\_\_\_\_ Fillings

\_\_\_\_\_ Orthodontic referral

Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_