FAMILY DENTIST REPORT

School Health Services

ACT OF GENERAL ASSEMBLY NO. 434
Section 1407. Examinations by Examiners of Own Choice

In lieu of the dental examinations prescribed by this article, any child of school age may furnish the local school officials with a dental report of examination made at his own expense by his family dentist on a form approved by the Secretary of Health for this purpose. The "in lieu" examinations shall be made and the report shall be furnished prior to the date fixed for the regularly scheduled examination, but not earlier than one (1) year prior to the opening of the school term during which the regular examination is scheduled.

NOTE: IF CHILD HAS BEEN EXAMINED NO EARLIER THAN 1 YEAR PRIOR TO THE OPENING OF THE SCHOOL TERM DURING WHICH THE REGULAR EXAMINATION IS REQUIRED, THE FAMILY DENTIST MAY SUPPLY THE REQUESTED INFORMATION FROM HIS/HER OFFICE RECORDS. IF THE CHILD HAS NOT BEEN EXAMINED WITHIN 1 YEAR OF THE OPENING OF THE SCHOOL TERM, A NEW EXAMINATION WILL BE REQUIRED.

Please have the lower portion completed by your family dentist and returned to the school nurse.

________________________________________________________________________________________________________

Student’s Name ____________________________________________________________

School ___________________________________________ Grade __________

The above named child last visited my office on ________________________________.

Check only one:

☐ At that time, all necessary dental corrections had been made.

☐ The student is currently under treatment for ______________________________________

__________________________________________

Signature of D.D.S/D.M.D. ___________________________________ Date __________

Address ________________________________________________________________