

Franklin Regional School District
Murrysville, Pa. 15668
FAMILY DENTIST REPORT

Grade _____

Parents Complete this Section:

NAME OF CHILD <small>Last First Middle</small>			SCHOOL	DUE DATE
HOME ADDRESS		ZIP CODE	HOME PHONE	

Dentist will complete this Section:

THE ABOVE NAMED CHILD LAST VISITED MY OFFICE ON _____ (GIVE DATE), AT THAT TIME ALL NECESSARY DENTAL CORRECTIONS HAD BEEN MADE. YES NO

IF THE ANSWER IS NO FILL IN THE FOLLOWING:

THIS CHILD IS IN NEED OF TREATMENT FOR ONE OR MORE 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 MALFORMATIONS
 PROSTETIC REPLACEMENTS FOR LOST OR MISSING TEETH _____
 THIS CHILD IS CURRENTLY UNDER TREATMENT _____ YES NO

SIGNATURE _____ D.D.S.

DATE SUBMITTED _____ ADDRESS _____
(OVER)

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ACT OF GENERAL ASSEMBLY NO. 404

Section 1407. Examinations 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 ap-

proved 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 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.

If your child has not been examined as stated above, please fill in the following:

My child _____ has not been to a dentist in the past year, and I give my permission for my child to have an examination at school. My child is in grade _____.

Parents' signature _____

Date _____