

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

Grade \_\_\_\_\_

**Parents Complete this Section:**

NAME OF CHILD    Last    First    Middle	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 \_\_\_\_\_

**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 \_\_\_\_\_