

Commonwealth of Pennsylvania  
Department of Health - Dental Health

FAMILY DENTIST REPORT

School	County	Grade	Room No.
Name of Child (Last) (First) (Middle)	Birthdate	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address (Street)	(Town)		

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   
Prosthetic replacement for lost or missing teeth

This child is currently under treatment.  Yes  No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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/her own expense by his/her family physician or 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 no earlier than four months prior to the opening of the school term during which the regular examination is scheduled.*

**Note:**

The medical and dental examinations must be conducted no more than 1 year prior to the opening of the school term during which the regular examination is scheduled. If the child has not been examined within 1 year prior to the opening of the school term during which the regular examination is scheduled, then a new examination will be required.