## Saint Norbert's School TREDYFFRIN / EASTTOWN SCHOOL DISTRICT

## Family Dentist Report

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The Pennsylvania School Health	Law requir	es dental examii	nations for students.	It is
strongly recommended that you	ur family de	ntist perform th	e exam as they are the mos	st familiar with
your child's dental needs and w	ill be able to	n provide follow	un treatments cleanings.	etc. This
examination form should be co	The able to	provide follow	tist and returned to your ch	aild's school nurse
examination form should be co	mpleted by	your family den	tist and returned to your cr	ma 3 senoor narse.
		•		
NAME:				
Date of Dental Exam:				
Please check one:				
Is the child under treatment	Yes	No	<del>-</del>	
Treatment completed	Yes	No	-	
Signature of Dentist:			A CONTRACTOR CONTRACTOR AND	
Print Dentist Name:				
Address				
Phone				
Thank You,				
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Diane Carlin, RN. CSN				

Certified School Nurse-TESD