



Dear Parents/Guardians,

The State Department of Health requires that students receive a dental evaluation in kindergarten, third and seventh grade. These are critical periods when a child's mouth experiences much structural change and when dental decay may occur quite rapidly.

Please have your dentist complete the form below and return it to your child's school nurse by **December 1, 2021**.

This dental examination must have occurred after **July 1, 2020**.

**If this form is not returned to school or if it is returned without a dentist's signature, your child's dental health will be evaluated by the district's certified school dental hygienist.**

If you have any questions please feel free to contact me: ayeager@dasd.org.

Sincerely,

Mrs. Ann P. Yeager, RDH, M.Ed, CSDH, PHDHP  
 Certified School Dental Hygienist  
 Downtown Area School District

**FOR USE BY DENTAL EXAMINER ONLY**

**Private Dentist Report of Dental Examination of a Pupil of School Age**

**School** \_\_\_\_\_ **Grade (circle)** K 3 7 Section/Teacher \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

Child's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Report of Examination**

		TOOTH CHART																
		RIGHT								LEFT								
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	UPPER
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	LOWER
	UPPER																	UPPER
	LOWER																	LOWER

Is The Child Under Treatment?  Yes  No

Treatment Completed?  Yes  No

\_\_\_\_\_  
Date of Dental Examination

\_\_\_\_\_  
Signature of Dental Examiner\*

\_\_\_\_\_  
Print Name of Dental Examiner