

ELLWOOD CITY AREA SCHOOL DISTRICT
Ellwood City, Pennsylvania
FAX # 724-752-1590

FAMILY DENTIST REPORT
Form No. DH-25034

Pennsylvania Law requires that children attending school in the Commonwealth receive a dental examination upon original entry into school and again at specified intervals.

Child's Name _____

Home Address _____

School _____ Grade _____

REPORT OF DENTIST CONSULTED

To The School Health Services:

I have examined this pupil and my diagnosis and recommendation are:

Date _____, 20____ Signature _____

Print Name _____

NOTE: TO CONFORM TO MANY INSURANCE GUIDELINES, THIS EXAM MAY BE COMPLETED ONE YEAR PRIOR TO THE GRADE MANDATED BY THE STATE. PLEASE HAVE YOUR FAMILY DENTIST COMPLETE THE NECESSARY FORM. PLEASE RETURN THE FORM DIRECTLY TO YOUR SCHOOL NURSE.