

SOUDERTON AREA SCHOOL DISTRICT  
SCHOOL HEALTH SERVICES  
**DENTAL REPORT FORM #21**

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DOCK MENNONITE ACADEMY- EC-8 CAMPUS GRADE \_\_\_\_\_ DATE \_\_\_\_\_

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STUDENT'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

Student has been inspected in school and referred to your office for treatment \_\_\_\_\_

The above named student visited my office on \_\_\_\_\_

At that time all necessary dental corrections had been made Yes \_\_\_\_\_ No \_\_\_\_\_

List any special problems \_\_\_\_\_

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Student has received fluoride gel/tablet/mouth rinse (CIRCLE ONE). Date \_\_\_\_\_

**RECOMMENDATIONS FOR PATIENT FOLLOW-UP:**

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SIGNATURE OF DENTIST/RDH \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

**INFORMATION FOR PARENTS**

*This form may be mailed to your dentist to be signed if your child has been examined this year. Please enclose a stamped, self-addressed envelope for the form to be returned to you.*

*A dental examination is required for each student upon original entry into school (Kindergarten or first grade), in Grade 3 and Grade 7. Parents are urged to have these examinations performed by family dentists because they have the facilities in their offices to provide thorough examinations and are in the best position to recommend immediate steps for any needed care. Examination forms completed by the family dentists should be returned to the school nurse.*