

Delaware Valley School District

Dear Parent:

PA Pre-K Counts requires all children who are in **PA Pre-K Counts classes** to have a complete dental examination. When the required examination is completed by your family dentist, please have them complete the form below and return it to the school nurse's office.

If you are on an every six month schedule, please mail this form to your dentist and request that it be completed for the last dental visit. **Any exam done within one year of August of this year is acceptable. Any students who are not examined privately will be examined by the school dentist.**

We appreciate your cooperation in this program.

Thank you,
Delaware Valley School Nurses

Family Dentist Report

Student name _____ Date _____

School _____ Grade _____

1. This student last visited my office on _____
2. All necessary corrections were made at that time. Yes _____ No _____
3. If the above answer is no, please indicate the dental correction needed:
_____primary teeth _____permanent teeth _____fillings
_____extractions _____gross malocclusion
_____prosthetic replacement for lost or missing teeth
_____other _____

This child is currently under my supervision for the above condition. Y N

4. This child receives topical fluoride applications under my supervision.
_____yearly _____every 6 months _____never

Dentist Signature

Date

Dentist Address