

**RIDLEY SCHOOL DISTRICT  
HEALTH SERVICES DEPARTMENT  
DENTAL EXAMINATION**

Dear Parents:

The Pennsylvania School Health Law requires dental examinations for children—one upon entrance into school, one in third grade, and one in seventh grade. These grades were selected because they represent critical periods of growth and development in a child's life.

We recommend you take your child to your private dentist before **October 1** and return the following form to the school dental hygienist.

**IF THE SCHOOL DENTAL HYGIENIST IN THE BUILDING WHERE YOU CHILD ATTENDS HAS NOT RECEIVED THE COMPLETED FORM BY OCTOBER 1ST, YOUR CHILD WILL BE SCHEDULED FOR A DENTAL EXAMINATION BY THE SCHOOL DENTIST OR SCHOOL DENTAL HYGIENIST.**

Thank you for your interest and cooperation.

Sincerely yours,

Christina E. Nester, CRNP

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**FAMILY DENTIST REPORT**

School District \_\_\_\_\_ County \_\_\_\_\_  
Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

The above named child last visited my office on \_\_\_\_\_ (Give Date). At that time, all necessary dental corrections had been made. \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is **No**, fill in the following:

This child is in need of treatment for one or more of the following:

Primary Teeth \_\_\_\_\_ Filings \_\_\_\_\_ Extractions \_\_\_\_\_  
Permanent Teeth \_\_\_\_\_ Filings \_\_\_\_\_ Extractions \_\_\_\_\_  
Diseases of the supporting tissues \_\_\_\_\_  
Gross Malocclusion which is producing a facial deformity or  
is interfering with function \_\_\_\_\_  
Cleft Palate and/or Cleft Lip \_\_\_\_\_ Other Congenital Malformations \_\_\_\_\_  
Prosthetic Replacements for Lost or Missing Teeth \_\_\_\_\_  
This child is currently under treatment \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_ D.D.S. \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_