

CHILD'S FULL NAME _____ DATE OF BIRTH _____

#3: CHILD DENTAL HEALTH / DENTAL EXAM**REPORT OF PRIVATE DENTAL EXAMINATION**

Name of School Your Child's World Learning Center, Inc.	Name of Student	Date of Birth
TO THE DENTIST <i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i> <i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i> <i>Thank you for your cooperation.</i>		
UNDER TREATMENT / WORK BEGUN		COMPLETION OF WORK / NO TREATMENT NECESSARY
Date Work Begun	<input type="checkbox"/> No Treatment Required Now	
Scheduled Follow-up Appointment	<input type="checkbox"/> All Necessary Dental Work Completed	
Date of Dental Examination	Expected Completion Date	
Comments / Follow-up Treatment / Special Instructions to School		
Name of Dentist	Telephone	
Signature of Dentist	Date Signed	
Address	Fax Number	