

**Portersville Christian School  
Office of the School Nurse  
(724) 368-8787 x 209**

**TO: Parents of students entering Kindergarten, 3rd grade, and 7<sup>th</sup> grade**

**RE: Dental examinations**

I am writing to you regarding dental examinations. The Pennsylvania Department of Health *requires that dental examinations be conducted on all Kindergarten, 3<sup>rd</sup>, and 7<sup>th</sup> grade students.* You may have already scheduled a dental appointment for your child this summer. Please ask your dentist to complete a dental record and return it to:

**Portersville Christian School  
Office of the School Nurse  
East Portersville Road  
Portersville, PA 16051  
Fax: 724-368-3100**

Students who do not have a completed form on file by February will be examined at school by Dr. Gordley, the school dentist.

Sincerely,

Mrs. Offie, RN, CSN  
School Nurse

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH**PRIVATE DENTIST REPORT  
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS

No. and Street      City or Post Office      Borough/Township      County      State      Zip

**REPORT OF EXAMINATION**

	TOOTH CHART																
	RIGHT								LEFT								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER				A	B	C	D	E	F	G	H	I	J				Upper
LOWER	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment?

Yes ☐No ☐

Treatment Completed

Yes ☐No ☐

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address