

To: Parents or Guardians of Pupils in the Upper Darby School District

You are urged to have your child's teeth examined by your family dentist. Your dentist has your child's dental history and is better equipped than the school to recommend appropriate care. If your family dentist does not examine your child's teeth and complete the report on the reverse side of this card, your child will be screened by the school dental hygienist or the school dentist, in accordance with Pennsylvania school law.

Please Complete All Spaces

Form B-815

FAMILY DENTIST'S REPORT

UPPER DARBY SCHOOL DISTRICT

To The Dental Hygienist:

Date \_\_\_\_\_

Name of Child	Age	Sex	Phone
Address			
School	Room	Grade	

This is to certify that a dental examination has been performed and that all necessary corrections have been made or will be made for the patient listed above.

Remark on Condition:

Name of Dentist \_\_\_\_\_  
(print or type)

Signature of Dentist \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

THIS REPORT IS TO BE RETURNED TO THE SCHOOL OFFICE