



423 N Main Street, Souderton, PA 18964

Dental Report Form

Student Name: _____ Address: _____

The above named student visited my office on: _____

At that time, all necessary dental corrections had been made.

- Yes
 No

Is the student currently under treatment?

- Yes
 No

List any special issues or concerns: _____

Did student receive fluoride treatment?

- Yes - Please circle how treatment was given: gel/tablet/mouth rinse Date given: _____
 No

Please list any recommendations for patient follow-up: _____

Signature of Dentist/RDH

Address

Date

Information for Parents:

If your child has been examined by your dentist this year, please mail or drop off this form to be filled out and signed by your dentist. Return signed form to School Nurse at IVNS. A dental examination is required for entry to IVNS Kindergarten OR 1st Grade. Dental examinations are encouraged to be done by family dentists because they have the facilities in their offices to provide thorough examinations and are in the best position to recommend immediate steps for any needed care.