



Northampton Area School District — Family Dentist Report

Dear Parent,

In accordance with the School Health Act, and in the best interest of your child's health, all children entering kindergarten are to have a dental examination by their family dentist.

PLEASE NOTE: This examination is to be completed within one (1) year prior to entry into kindergarten.

CHILD'S NAME: _____

NAME OF SCHOOL: _____

BIRTH DATE: _____ SEX: _____

FOR FAMILY DENTIST:

The above named child last visited my office on _____ 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 the following:

- Fillings
- Replacements
- Extractions
- Other

This child is currently under treatment for above. YES NO

Do you wish to make any recommendations for the dental hygienist, which will be of benefit to this child?

Please return to:

School Dental Hygienist
Beth I. Arcury, RDH, MPH
Sacred Heart School
115 Washington Street
Bath, PA 18014

PLEASE PRINT NAME OF DENTIST

SIGNATURE OF DENTIST

