

FAMILY DENTIST REPORT

School\_\_\_\_\_

PENN MANOR SCHOOL DISTRICT

MILLERSVILLE, PA 17551

\_\_\_\_\_  
Name of child (Last) (First) (Middle) Grade/Teacher

\_\_\_\_\_  
Home address

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:

Primary Teeth \_\_\_\_\_ Fillings \_\_\_\_\_ Extractions \_\_\_\_\_  
Permanent Teeth \_\_\_\_\_ Fillings \_\_\_\_\_ Extractions \_\_\_\_\_

Diseases of the supporting tissues \_\_\_\_\_

Gross Malocclusion which is producing a facial deformity or is interfering with function. \_\_\_\_\_

Cleft palate and/or Cleft Lip \_\_\_\_\_

Other Congenital Malformations \_\_\_\_\_

Prosthetic replacements for lost or missing teeth \_\_\_\_\_

This child is currently under treatment. YES NO

Patient received topical fluoride treatment. YES NO

Signature \_\_\_\_\_ D.D.S./R.D.H.

Print name \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_