

Hazleton Area School District – Dental Report

School: _____ Grade: _____ Section: _____

Student: _____ Gender: M F (circle)

DOB: _____ Race/Ethnicity: _____

Dear Parent/Guardian:

The school hygienist screened your child's teeth today. This is only a screening and DOES NOT replace regular six-month examinations made by your family dentist.

Please note your child's classification:

1. _____ No defects in Permanent teeth.
2. _____ No defects in Primary teeth.
3. _____ Defects were noted in Permanent teeth, **please sign below.**
4. _____ Defects were noted in Primary teeth, **please sign below.**
5. _____ Oral Hygiene needs improvement.

Only if defects were noted, please check one of the following, sign below, and return to school:

1. _____ My child is under care of our family dentist: _____ (Dentist's name)
2. _____ My child does not have a family dentist

Parent/Guardian signature: _____ Phone: _____

 Please note that this screening does not replace dental visits with x-rays, cleanings and fluoride treatments.

 If DEFECTS are found please sign above and list name of family dentist.