

**MANDATED DENTAL EXAM FOR KINDERGARTEN  
SHENANGO ELEMENTARY SCHOOL**

Dear Parent/Guardian:

You have indicated that you would have your child's mandated dental exam performed by your family dentist. Please have the attached form completed at the time of their exam and return it to me as soon as possible.

Sincerely,  
Sue Zeigler, RN, CSN  
Elementary School Nurse

**PRIVATE EXAM DUE BY JANUARY 31, 2015**

**PRIVATE DENTIST REPORT OF DENTAL EXAMINATION  
SHENANGO ELEMENTARY SCHOOL**

NAME OF CHILD											Age	Sex	Grade
Last			First			Middle							

**REPORT OF EXAMINATION**

		TOOTH CHART																
		RIGHT							LEFT									
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER					A	B	C	D	E	F	G	H	I	J				UPPER
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LOWER
	UPPER																	UPPER
	LOWER																	LOWER

IS The Child Under Treatment Yes \_\_\_ No \_\_\_

Treatment Completed Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Date of Dental Examination

\_\_\_\_\_  
Signature of Dental Examiner

\_\_\_\_\_  
Print Name of Dental Examiner

\_\_\_\_\_  
Address