GATEWAY SCHOOL DISTRICT HEALTH SERVICES DEPARTMENT DENTAL EXAMINATIONS GRADES K, 3, 7

Dear Parent/Guardian:

The Pennsylvania Departme	•	all students receive dental en or first grade), in grade three		
•	, ,	child to his/her private dentist in		
		e examination can be done by the		
•	•	nation is a screening only – the	_	
3	.	use a probe to inspect the teetl	n	
dentist.	are detected, your child wi	Il be referred to his/her private		
dentist.				
PLE	ASE CHECK YOUR P	REFERENCE:		
	EXAMINED BY THE SO			
	check mark here if you w	<u>.</u>		
for the	exam and you will be noti	fled of the date.		
STUDENT TO BE	FXAMINED BY THE FA	AMILY DENTIST AT MY		
	I WILL RETURN THE PR			
	(DATE OF PRIVATE EXAI			
	checkmark here if you ne			
	e will be sent to you.	·		
Charlentie Name	Consider			
Student's Name	Grade	Homeroom		
Signature of Parent/Guardian		Date	Date	

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE SCHOOL NURSE. PLEASE CALL THE SCHOOL NURSE IF YOU HAVE ANY QUESTIONS.