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## DENTAL EXAM LETTER

April 9, 2015

Dear Parent or Guardian:

The School Health Code SC 1402-3 requires a dental examination for each child in grades **kindergarten or first, third and seventh grades**. The exam must be completed within one year of the start of the school year. Parents are encouraged to have this examination done by their own family dentist, since regular dental care provides for continuous treatment not possible in the school examination.

Attached is a dental form which should be completed by the **family dentist**. This form, submitted to the school nurse, will serve in lieu of the dental examination at the school.

We ask that all forms be returned to the school nurse by **September 1<sup>st</sup>** so that arrangements can be made to schedule dental examinations at school for any children who were not examined by their family dentist. All children who do not return a form completed by a dentist will be scheduled for a school dental examination.

Sincerely,

Carl Barbarino  
PPO/Child Accounting Manager

(Please see attachments)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT OF  
DENTAL EXAMINATION OF A PUPIL OF  
SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_

NAME OF CHILD	AGE	SEX	GRADE	SECTION/ROOM
Last                      First                      Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS \_\_\_\_\_

No. and Street	City or Post Office	Borough or Township	County	State	Zip
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**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
				T	S	R	Q	P	O	N	M	L	K				Upper
																	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