



**Calvary Early Learning Center  
Murrysville, PA  
FAMILY DENTIST REPORT**

**(Pennsylvania requires a Family Dentist Report upon entrance to Kindergarten)**

**Parents Complete This Section:**

Name of Child Last    First    Middle	School <b>Calvary Early Learning Center</b>	Due Date <b>October 15, 2023</b>
Home Address	Zip Code	Home Phone Number

**Dentist will complete this Section:**

The above named child last visited my office on \_\_\_\_\_ (give date).

At that time all necessary dental corrections had been made. Yes  No

If the answer above is "No" fill in the following:

This child is in need of treatment for one or more of 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

Signature \_\_\_\_\_ **D.D.S.**

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